



# Faith in Action for Cass County

P.O. Box 512

Hackensack, MN 56452

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email: [cassfia@uslink.net](mailto:cassfia@uslink.net)

[www.faithinactioncass.com](http://www.faithinactioncass.com)

## Background Investigation Authorization and Release

The following named individual has made application with this agency to work with volunteer services for persons in need in Cass County, Minnesota.

**Full Legal Name of Applicant** (please print) \_\_\_\_\_

**Maiden, Alias or Former Name** (please print) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
Month/Day/Year

**Sex (M or F)** \_\_\_\_\_

**Address** \_\_\_\_\_  
City/State/Zip

**Maiden Name/Prior Address** \_\_\_\_\_  
City/State Zip

**Driver's License Number** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Faith in Action for Cass County program for the purpose of volunteering with this agency.

I also give authorization to Faith in Action for Cass County to conduct a brief criminal and traffic record check through the Cass County Sheriff's Office.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

State of Minnesota            }  
  } SS  
County of \_\_\_\_\_ }

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Before me, a Notary Public, in and for \_\_\_\_\_ County and the State of Minnesota, personally appeared the above named

\_\_\_\_\_, who being by me duly sworn deposed and said all statements herewith set forth are true to (his or her) own knowledge.

\_\_\_\_\_  
**Notary Public**