

Winona Park & Recreation Department
Volunteer Application

Name: _____
Address: _____

Phone: _____

E-mail: _____

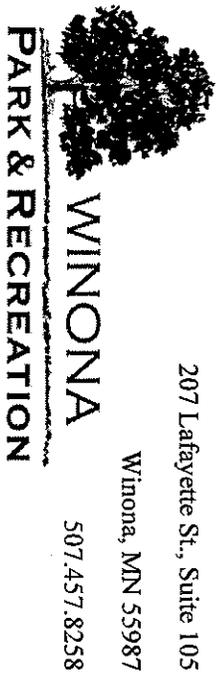
I am requesting to volunteer for

- Personal Interest
- Course Assignment
- Community Service
- Other

Does your volunteering have completion requirements?

- No
- Yes, Please explain

Special Interests:



Office use only:

**INFORMED CONSENT
VOLUNTEER**

Pursuant to Minn. Stat. § 13.05, subd. 4(d) and Minn. R. 1205.1400, subp. 4.

Date: _____

I have made application to the City of Winona, Minnesota, as a volunteer in/for a program sponsored by the City of Winona, Minnesota.

PLEASE PRINT CLEARLY - FILL OUT COMPLETE NAME	
First Name:	Middle Name:
Last Name:	
Address:	
City:	State:
Zip Code:	Date of Birth:
Driver's License #:	

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history information to the City Manager of the City of Winona, Minnesota, for the purpose of volunteering in/for a program sponsored by the City of Winona. This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the City Manager of Winona.

I understand that the Winona Police Department will secure my criminal history by retrieving and reviewing data maintained by the Minnesota Bureau of Criminal Apprehension Computerized Criminal History information system. If I have resided in Minnesota for less than five years, I hereby authorize the Winona Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communication network.

I have resided in Minnesota for the past five years: _____ Yes . _____ No

I understand that I will receive a copy of the criminal history information and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, Subd. 4.

Having been informed of and understanding my rights, I hereby authorize and agree to allow the City of Winona to obtain my criminal history information.

Signature
Individual data subject