



Volunteer Background Check Release

PRE-SERVICE RELEASE FOR BACKGROUND CHECK SHARING
(to be completed before VOLUNTEER service begins)

I, _____, hereby authorize the parish/organization listed below who did a
(Print full legal name)
background check on me within the past 3 years of today's date to furnish copies of all background check information received to Partnership for Youth, where I may also serve as a volunteer.

Parish/Organization Information:

Name: _____

Address: _____

Street Address

City

State

Zip

Contact Name: _____

Phone number: _____

Email Address: _____

Background information should be sent to:

Partnership for Youth
8011 34th Ave S Suite 220
Bloomington, MN 55426
Phone: 952-224-0333
Fax: 612-392-2311
Email: admin@partnershipforyouth.org

I have read and understand the terms of this authorization. A photocopy or fax of this authorization will be treated the same as an original.

Signature of Applicant

Date