

NSAC BACKGROUND CHECK REQUIREMENT FOR ADULT CHAPERONES

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to North Suburban Instructional Aquatics, Inc. (NSIA) pursuant to Minnesota State Statute 123B.03 for the purpose of my volunteering with this organization.

Full Name (F, M, L): _____

Maiden, Previous, Alias: _____

Date of Birth: _____ **G** I have attached a copy of my Driver's License to aid in this process.

List any other states, besides MN, in which you resided in the last ten years: _____

The expiration of this authorization shall be for a period of one year from the date of my signature, or for the duration of my volunteer commitment with NSIA/NSAC, whichever is longer.

Signature of Applicant: _____ *Date:* _____