

Boys to Men Mentoring Network Minnesota

Informed Consent Form

The following named individual has made application with this agency for a position as a Staff person or Mentor working with minors.

Applicant: Type or print **clearly** all information below.

Full Last Name: _____

Full First Name: _____

Full Middle Name: _____

Maiden, Alias or Former Name(s):

Date of Birth (MM/DD/YYYY): _____ Sex (M of F): _____

Social Security Number: _____

Current Address: Street / Apt #: _____

City, State Zip: _____

Telephone: _____ E-Mail: _____

I hereby authorize SearchLink.org of New York to disclose all criminal history record information to the Boys to Men Mentoring Network of Minnesota for the purpose of a position with this agency. The expiration of this authorization shall be a date not later than one year from the date of my signature: **SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC**

Print

Sign

Date

Signature

Date

Notary: Sign, Date and Affix Seal

Return Form to:

Tony Franz
5285 Audobon Ave.
Apt. 102
Inver Grove Heights, MN 55077

Questions:

email: Al-franziii@hotmail.com
Cell: (763) 464 - 0592