



Minnesota National Guard Youth Camp
1360 University Ave W Box 132
St. Paul, MN 55104-4086
763-670-1257

Date: _____

The following named individual has made application with this agency for
(volunteering)

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** () Male () Female
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to (MN National Guard Youth Camp) for the purpose of (volunteering) with this agency. I authorize checking of the National Sex Offender Public Registry.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Please mail the completed form to the address above or scan and e-mail to:
MNGYTC@gmail.com