

**Informed Consent Form
Camp Quest of Minnesota
P.O. Box 270651
Saint Paul, MN 55127
(651) 300-2267**

Date: _____

The following named individual has made application with this agency for volunteer work involving contact with youth participants.

Last Name of Applicant (please print): _____

First Name (please print) : _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____

Month/Day/Year

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history information to Camp Quest of Minnesota for the purpose of determining my suitability for volunteer work involving contact with youth participants.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary: