Red Wing Family YMCA **NON PROFIT** Acct. # _____

Authorization and Release to Conduct Criminal Background Check

Applicant's Name:_____ Date of Birth:_____

Social Security Number:_____

I, the undersigned applicant, hereby authorize and request you to release to the Red Wing Family YMCA any and all information requested by them regarding me. I release you from all potential liability resulting from any disclosure authorized hereby and waive all claims which I may have respecting any such disclosure.

A photocopy or faxed copy of this authorization shall be valid as the original.

Date:_____ Signature:_____

ORDER TO CONDUCT CRIMINAL CONVICTION RECORD

Please conduct a Criminal Conviction Record on the following applicant, and either notify the Executive Director at 651-388-4724 with the results, mail the results to the Red Wing Family YMCA, 434 Main St. Red Wing, MN 55066, or fax them to 651-388-5340.

Name:_____
First Middle Last

Also known by the name of:_____

Current Address:_____
_____
City State Zip

PLEASE LIST ALL PREVIOUS ADDRESSES FOR THE LAST 7 YEARS:

Address:_____
_____
City State Zip

Address:_____
_____
City State Zip

Address:_____
_____
City State Zip

Address:_____
_____
City State Zip

Person completing this form:_____
Date:_____