

# Brighter Tomorrows Volunteer Application

Personal Information (Please fill out completely)

Date: \_\_\_\_\_

|   |       |                    |       |                    |
|---|-------|--------------------|-------|--------------------|
| Name: Last  |       | First              |       | Middle             |
| Address:  | Apt # | City               | State | Zip                |
| Home Phone<br>( )   |       | Work Phone:<br>( ) |       | Cell Phone:<br>( ) |
| Best time to call:  |       | Best time to call: |       |                    |
| E-Mail Address:   |       |                    |       |                    |
| <p>How long have you lived in MN? _____<br/> <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i></p> |       |                    |       |                    |
| 1. Address:   | Apt # | City               | State | Zip                |
| 2. Address:   | Apt # | City               | State | Zip                |
| How did you hear of volunteer opportunities with Brighter Tomorrows and why did you choose our organization?  |       |                    |       |                    |

## In Case of Emergency

|                        |              |       |
|------------------------|--------------|-------|
| Emergency Contact Name | Relationship | Phone |
|------------------------|--------------|-------|

## Employment

|                       |                   |                    |
|-----------------------|-------------------|--------------------|
| Present Employer:     | Address:          | Job Title:         |
| Length of Employment: | Supervisors Name: | Supervisors Phone: |

## Volunteer Experience

|               |          |              |        |
|---------------|----------|--------------|--------|
| Organization: | Address: | Assignments: | Dates: |
| 1.            |          |              |        |
| 2.            |          |              |        |

## References

Please give a **COMPLETE ADDRESS**, including city, state and zip of 2 non-relatives. We **cannot** process application without full information.

| Name: | Address:   | Telephone #: | Relationship: |
|-------|--|--------------|---------------|
| 1.    | Street Address:<br>City:                      State:      Zip:<br><br>Email Address: |              |               |
| 2.    | Street Address:<br>City:                      State:      Zip:<br><br>Email Address: |              |               |

## Availability

Date available to begin volunteer service: \_\_\_\_\_

## Special Interests

|  |
|--|
| Do you have a special interest or skill you would like to share with Brighter Tomorrows?<br><br><br> |
|--|

## Other

|   |
|---|
| Have you ever been charged with a crime other than a minor traffic accident?    Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ] |
| If Yes, please explain:<br><br><br>   |

## Please read and sign:

### Confidentiality

I agree to treat specific information I may gain through my volunteer service with Brighter Tomorrows with confidentiality.

**Please sign this form in the space provided and return with your notarized Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:**

Brighter Tomorrows, Inc.  
Volunteer Application  
PO Box 126  
Rochester, MN. 55903

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance as a Brighter Tomorrows volunteer is subject to a Criminal Background check with no record, positive response from two references and successful completion of training (if applicable). Applicant is responsible for \$8.00 fee imposed by the State of Minnesota for background check. Please enclose check with Volunteer Application.



**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

To: BCA/Department of Records  
St. Paul, MN

Re: Data Request for:

Last Name of Applicant (please print): \_\_\_\_\_

First Name of Applicant (please print): \_\_\_\_\_

Middle Name (full) (please print): \_\_\_\_\_

Maiden, Alias or Former Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_  
(Required for out-of-state BCA)

This is a full and sufficient authorization, pursuant to Minnesota Statute 13.05, Subd. 4, to release to:

**Brighter Tomorrows, Inc.**  
**415 4<sup>th</sup> Ave NE**  
**Plainview, MN. 55964**

**all Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children. This information will be confidential.**

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

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date

**NOTARIZATION IS REQUIRED**  
Please have this notarized before you return it to Brighter Tomorrows.

State of Minnesota, County of \_\_\_\_\_  
Signed, Sworn and acknowledgement before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_.