

Informed Consent

Committee Against Domestic Abuse, Inc.
PO Box 466
Mankato, MN

Non-Profit Organization – Account Number T076258688

The following named individual has made application with this agency for employment or a volunteer position.

Last Name (Please Print): _____

First Name: _____

Middle Name: _____

Maiden, Alias or Former Names: _____

Date of Birth: _____ **Gender:** M _____ F _____

Social Security Number: _____

Have you ever been convicted of any of the crimes listed below? _____

If yes, explain: _____

I authorize the Minnesota Bureau of Criminal Apprehension, the Department of Human Services, and law enforcement agencies to disclose all criminal history record information to:

Committee Against Domestic Abuse, Inc.
Connie Haugen, Executive Director
PO Box 466
Mankato, MN 56002-0466

for the purposes of employment with, or to volunteer with, the Committee Against Domestic Abuse, Inc. The nature of information to be disclosed: Criminal history conviction data for the below listed offenses:

- | | | |
|---------------------------|---------------|------------------|
| A. Homicides | D. Sex Crimes | G. Arson |
| B. Crimes against persons | E. Incest | H. Obscene calls |
| C. Crimes of compulsion | F. Theft | I. Burglary |

_____ Date: _____

Signature of Applicant

Notary:

Subscribed and sworn to before me
this _____ day of _____, _____
Notary Public in Blue Earth Co., MN
Commission Expires: _____

Enclosed \$10.00 fee
checks to be written to CADA, Inc.
