

Camp Love's Embrace

... a place where grieving children can grieve
and embrace the love they've lost.



REQUEST FOR RELEASE OF INFORMATION FOR BACKGROUND STUDY

[] **Adult Volunteer Mentor**

Camp Love's Embrace
Lakota Retreat Center
Woodstock, MN 56186

PLEASE READ IN ENTIRETY:

In the interest of the individuals we serve, a search of appropriate records will be conducted, and any person volunteering has a conviction for juvenile delinquency, adjudication for, admission of, or substantial evidence of abuse or neglect of adults and/or maltreatment of minors as defined in MN Statutes 626.556 and 626.557. Information disclosed will also include criminal history data for the following offences as referred to in the Criminal Code of 1963, as amended, MN Statutes, Section 609 (in entirety): homicides, crimes against the person, crimes of compulsion (coercion), criminal sexual contact, incest, theft and burglary, arson, obscene phone calls, illicit drug or alcohol use, and general driving record. This also includes MN Statutes, Sections 617.23, 617.241, 617.243, 617.246, 617.247, 617.293 and felony convictions under MN Statutes Chapter 152.

NOTICE:

You are hereby notified that the Bureau of Criminal Apprehension, County Attorneys, County Sheriffs, County Corrections Departments, County Agencies, and local Chiefs of Police will, as required by MN Statute 245A.04.subd.3, be required to release the following types of data contained in their investigation results available from local, state, and national criminal records, repositories, including the Criminal Justice Data Communications Network. You are further notified that the individuals required to be listed on this form for release of data include:

1. All volunteers who will have direct contact with the persons served by the program.

EACH INDIVIDUAL VOLUNTEERING FOR CAMP LOVE'S EMBRACE MUST COMPLETE A SEPARATE "REQUEST FOR RELEASE OF INFORMATION" FORM.

You are further instructed that each individual is to sign in the space provided immediately beneath their name. By such signature they are acknowledging receipt of this notice and are acknowledging consent to release the above described types of information by the agencies listed.

Failure or refusal to cooperate in the completion of this form or provision of information required constitutes reasonable cause to deny an application.

CAMP LOVE'S EMBRACE

**EVERYONE VOLUNTEERING FOR THIS CAMP MUST COMPLETE
SECTIONS I AND II ONLY. (Please print)**

SECTION I

I am a () employee () volunteer mentor () other volunteer						Age
Last name	First name	Full middle name	Maiden name	Previous married name	Date of birth	
Driver's license number	Current home address (street)		City	State	Zip	
Signature				Date		
Social Security Number (Optional)						
I HAVE CONTINUOUSLY LIVED AT THE ABOVE ADDRESS FOR 5 YEARS OR MORE: () YES () NO If you answered NO, please complete Section II and list the city(s), county(s), and state(s) where you maintained residence during the last five years						

SECTION II

Street Address	City	County	State	Dates resided at this address: ___/___/___ to ___/___/___
Street Address	City	County	State	Dates resided at this address ___/___/___ to ___/___/___
Street Address	City	County	State	Dates resided at this address ___/___/___ to ___/___/___

SECTION III — for office use only. Note a photocopy of this form shall be accepted in place of the original.

Local Police/Sheriff Response Initials: _____ County: _____ Date: _____	BCA Response Initials: _____ County: _____ Date: _____
Child Protection Records: Initials: _____ County: _____ Date: _____	Vulnerable Adult Records: Initials: _____ County: _____ Date: _____
Juvenile Records: Initials: _____ County: _____ Date: _____	Court Administrator's Records: Initials: _____ County: _____ Date: _____