



TEAM ACADEMY

ISD 4127
220 17th Ave NE
Waseca MN 56093
Phone: 507-833-8326
Fax: 507-833-8327

Date: _____

The following named individual would like to volunteer at TEAM Academy.

Full Name of Applicant: (Last, First, Middle) _____

Maiden, Previous or Alias _____

Date of Birth (Month, Day, Year) _____ Sex (M or F) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Independent School District # 4127, 220 17th Ave NE, Waseca Minnesota, pursuant to Minnesota Statute 123B.03 for the purpose of volunteering with TEAM Academy.

Signature: _____ Date: _____