

**CITY OF MARSHALL**  
**Background Check**  
**Data Practices Advisory**

*Read this Advisory before completing the 'Consent for the Release of Information'  
and providing protected information on the next page.*

As an applicant for a volunteer opportunity or as a current volunteer with the City of Marshall, you are being asked to provide information about yourself that will be used to evaluate your suitability for the volunteer opportunity you are seeking or the volunteer position you hold with the city.

The purpose and intended use of the data required on the next page is to conduct the background inquiries which this City uses to establish your suitability for a volunteer opportunity or a continued volunteer position with the City of Marshall. A complete criminal history and driver's license check are conducted to determine your suitability for the volunteer opportunity.

<i>Data We May Request</i>	<i>Intended Use</i>
Full legal Name (to include maiden and previous married names)	To conduct a complete criminal history & background check
Date of Birth	To access driver's license & criminal history data
Social Security Number	To access driver's license & criminal history data
Driver's license number(s)	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background check.

You are not legally required to provide the requested information. However, if you do not, the City of Marshall will be unable to conduct the required background inquiries and will not be able to consider you for the volunteer opportunity. Current volunteers that fail to provide the requested information may be released from voluntary service.

I, \_\_\_\_\_, have read and understand the information stated above.  
(Full Legal Name of Applicant/Volunteer)

\_\_\_\_\_  
Applicant/Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Signature  
*(If Applicant/Volunteer is NOT 18 years of age or older)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<b>For Office Use Only:</b>	
In-House:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____
CCH:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____
POR:	<input type="checkbox"/> No Record Found <input type="checkbox"/> Yes Comments: _____ Processed by: _____ Date: _____

**CITY OF MARSHALL**  
Consent for the Release of Information  
In Accordance with MSA 13.05, Subd.4 (d) and  
City of Marshall City Code

Please list the Board, Commission, or Committee you are applying for: \_\_\_\_\_.

I, \_\_\_\_\_ authorize all requested agencies to release criminal history data relating to convictions as well as driver's license and traffic record data to the Police Department and/or authorized personnel for the City of Marshall. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Marshall.

This consent for the release of data is for the purpose of determining my suitability for a volunteer opportunity or continued volunteer position with the City of Marshall. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

**Please complete the following information:**

Full Name (please print): \_\_\_\_\_  
                                                            First                                                            Middle                                                            Last                                                            Maiden

Address: \_\_\_\_\_  
                                                            Street                                                            City                                                            State                                                            Zip Code

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Male      Female

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application or dismissal if I am hired/appointed. Current volunteers that fail to provide this requested information may be released from voluntary service.

By signing this consent, I hereby release and forever discharge the City of Marshall from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

I hereby authorize the City of Marshall to use this information to determine my suitability for a volunteer opportunity or continued volunteer position.

\_\_\_\_\_  
Applicant/Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(If Applicant/Volunteer is NOT 18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

**Please return to:** Administration Department, City of Marshall, 344 West Main Street, Marshall, MN 56258