

# CITY OF MARSHALL BOARD COMMISSION, AUTHORITY OR BUREAU APPLICANT INFORMATION FORM

Please indicate the Board,				mission authority
(If more than one, please or bureau)	number in order of cho	oice; you can only	r serve on one boara, comi	mission, authority
•	nter Commission (mee	ets second Wedn	esday of each quarter at 1.	2:00 p.m.)
Airport Commission		•	· ·	
Community Services				30 p.m.)
Convention & Visitor				
			dnesday of each month at	
Economic Developm	ent Authority (meets t	he third Wednes	day of every month at 12:0	00 p.m.)
Library Board (meets	s the second Monday o	of every month a	t 4:00 p.m.)	
Marshall Municipal (	Utilities Commission (n	neets the third T	uesday of every month at 4	1:30 p.m.)
M.E.R.I.T. Center Cor	nmission (meets the ti	hird Thursday of	every month at 6:00 p.m.)	
Planning Commission	n (meets the second W	/ednesday of eve	ry month at 5:30 p.m.)	
Police Advisory Boar	d (meets on an as nee	ded basis)		
Public Housing Comr	nission (meets the sec	ond Monday of e	every month at 3:30 p.m.)	
	Арр	olicant Informati	on	
Personal Information				
Minnesota State Statute §13		individual is appo	inted to a public body the fol	lowing
additional items of data are				
(1) Residential address,				
		il address where th	e appointee can be reached,	or both at the
request of the appo	intee.			
Name:			(Home #):	
Address:			(Work #):	
(you must live within the		l with the		
exception of the MERIT Co	enter and DEI Commis	ssions)	(Cell #):	
Email Address:			Have lived in Marshall	years
List your educational back	ground:			
WORK EVERNISE. /Link		:		
WORK EXPERIENCE: (List	most recent position t	•	V	
		Position		•
Employer	<u>Location</u>	(Title)	Employed	<u>[</u>

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# CITY OF MARSHALL BOARD COMMISSION, AUTHORITY OR BUREAU APPLICANT INFORMATION FORM

participant.	have recently or are now an active
Briefly tell us why you would like to serve and/or continue to or Bureau	serve on this Board, Commission, Authority
Signature	Date of Application

NOTE: The attached Consent for Release Information Forms must be completed before processing this application.

Please return the application and consent information to:

Mail: City of Marshall

City Clerk

344 West Main Street Marshall, MN 56258

Email: steven.anderson@ci.marshall.mn.us

Fax: 507-537-6830

### 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.

Data We May Request	Intended Use
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
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,(Full Legal Name of Applicant/Volunteer)		, have read and understand the information stated above.		
Applicant/Volunteer Signature		Parent/Guardian Signature (If Applicant/Volunteer is NOT 18 years of age or older)		
Date		Date		
For Office Use Only:				
In-House:	□ No Record Found □ Yes Comments: Processed by:	Date:		
CCH:	☐ No Record Found ☐ Yes Comments: Processed by:	Date:		
POR:	☐ No Record Found ☐ 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, Commis	sion, or Committee	you are applying for:		·
I, convictions as well as driver's Marshall. I understand that so informed consent to the release	me of this data may	be classified as private data	a under Minnesota Statutes a	ry data relating to ersonnel for the City of and I hereby give my
This consent for the release of volunteer position with the City				ity or continued
This authorization may be revolute below.	oked in writing by m	e at any time and in no even	t will it be valid for more than	one year from the
Please complete the following	ng information:			
Full Name (please print):				
	First	Middle	Last	Maiden
Address:Street				
Street		City	State	Zip Code
Drivers License Number:		State	of Issue:	
Date of Birth:	D N	lale 🗆 Female		
I certify that all statements by form shall be sufficient cause provide this requested informa	for rejection of my a	pplication or dismissal if I am		
By signing this consent, I here of information and records rec understand its terms and legal	eived pursuant to th	is consent. I further acknowl		
I hereby authorize the City of I volunteer position.	Marshall to use this	information to determine my	suitability for a volunteer opp	portunity or continued
Applicant/Volunteer Signature		Parent/Guardia (If Applicant/Vo	an Signature olunteer is NOT 18 years of a	nge or older)
Date		Date		
Signature of Witness				