



Informed Consent
NUMAS Haus
PO Box 291
New Ulm, MN 56073
507-359-2202

Date: _____

The following named individual has made application with this agency for volunteering.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to NUMAS Haus for the purpose of volunteering with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary: