



**STEARNS COUNTY SHERIFF'S DEPARTMENT APPLICANTS ONLY**

**DATA AUTHORIZATION/RELEASE FORM**

TO: Program Coordinator

I am an applicant for the position of Jail Volunteer with the Stearns County Sheriff's Department.

I hereby authorize the Stearns County Sheriff and/or his designees to procure any and all information, oral and written, that may be required in connection with my jail volunteer application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial and arrest/conviction records. I further authorize the Sheriff and/or his designees to conduct a background investigation into my personal history. I understand that the purpose of permitting the Stearns County Sheriff's Department to have access to this information is to determine my suitability for volunteering.

I fully understand that the above-referenced background investigation may entail the solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors. I also understand that the Stearns County Sheriff's Department does not accept anyone who has been incarcerated in any jail within the last two years, has had substantial contact with law enforcement, or has a felony conviction. If you decline to sign this release form, you no longer will be considered for a jail volunteer position.

***I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the Stearns County Sheriff and/or his designees and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.***

I hereby authorize and grant my informed consent to permit you to make photocopies for the Stearns County Sheriff and/or his designees of data which concerns me and is in your possession.

In giving consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the Stearns County Sheriff's Department. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act and, if classified as public, may be subject to release by the Stearns County Sheriff's Department without my consent.

(continued)

A photostatic copy of this AUTHORIZATION/RELEASE is as valid as the signed original. This instrument shall become invalid once the data requested has been provided in its entirety or within twelve (12) months of the date of signature hereunder, whichever occurs first.

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LAST NAME FIRST NAME FULL MIDDLE NAME

Maiden Name (if applicable) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Type of service: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Self estimate of current health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Are there any medical concerns that you would like us to know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

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Other comments or concerns (please list any skills or experience or any area of special interest to you that may help us place you in our volunteer program)

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How did you find out about volunteer programs at the jail? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_