



Hoofbeats & Heartbeats, Inc

An equestrian Learning Center

12301 95th Street NE

Elk River, MN 55330

Phone: 763-441-2274

Fax: 763-241-0210

Account number T634412274
A NON-PROFIT ORGANIZATION

Date: _____

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

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (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 Hoofbeats & Heartbeats, Inc 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: