Background Study

The Minnesota Department of Human Services requires preschools to have a background study completed for all adults, including teachers, aides, parents, family members or friends who wish to volunteer in the classroom or help chaperone field trips with Sunshine Students.

The following information will be transferred to the Department of Human Services through a secured internet service. Items marked with an asterisk * are optional. They are helpful in speeding up the processing. All other information is required. Please print clearly so that the information can be transferred accurately.

Name _____
First Middle Last

Other first names you have used: _____

Other last names you have used: _____
(Mom's be sure to include your maiden name here)

Birthdate: _____ Enter date in the format MM-DD-YYYY
Month Day Year Example: June. 27, 1970 would be 06-27-1970

*Social Security Number: _____-_____-_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

*Telephone Number: _____

MN Drivers License/MN State ID (if any): _____-_____-_____-_____-_____

Gender: _____Male _____Female

*Race: _____Asian _____Pacific Islander _____African American _____ Caucasian

_____Native American _____Unknown/Other