



**HOPE**  
**CENTER**  
*Healing. Outreach. Prevention. Education.*

# SEXUAL MISCONDUCT CHECK

MN statute 148.A requires that we request information from the volunteer's former and present employers over the last five years regarding possible sexual misconduct. Please list all employers or schools you have had over the last five years.

Employer/School	HR Contact	Address	Telephone	Dates of Employment

I give permission to the organizations listed above to release information about any sexual misconduct on my part to HOPE Center.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Name you may have had during the last five years: \_\_\_\_\_ Until when? \_\_\_\_\_

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