

MENARD COUNTY 4-H ADULT LEADER APPLICATION

Volunteer Background Check Form

Consent for criminal background history check authorization /waiver



To be completed by Extension program volunteers and Master Volunteers. Please complete and return with \$10.00 to the Menard County Extension Office Please print

Applicant's Full Legal Name			Email Address		
Tailing Address Residential Addres		lress if different	City	Zip	
Primary Phone Number	Mobil or Additional Phon	ne Number	Business Phone Number		
Volunteer Information 1) Gender Male / Female 2) Are you of Hispanic Ethnicity? Yes / No 3) What is your Racial Group (s) -circle all that apply. White Black American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander 4) Number of years serving as an Adult Leader 5) Are you an 4-H alumni? YES / NO State		1) Occupation 2) Name of C 2) Mailing Ad 3) City	Employment Information 1) Occupation Length of Service 2) Name of Company 2) Mailing Address 3) City Zip 4) Phone		
A) Marriage Status Single / M B) I verify that I have been previous	ram's commitment to co larried ously screened including	ntinually guarantee	the safety of the members during	4-H participation.	
For what purpose?					
If you have been screened and pas letter written from the screening en Office, PO Box 485, Menard, Texa	sed a criminal backgrountity stating you have be	und check through a een screened and pas	school district or other Extension	n-approved entity, a	
C) To be completed by volunteer	s 18 years or older)	Date of Bi	rth:		
Do you have a current/valid da	river's license? YES	S / NO Driver's L	icense Number		
Do you have automobile liabil	lity insurance? YES	S / NO			
Other names you have used, in	ncluding maiden name _				
			to do background check)		
· ·	hich the fine was \$200 c	or less, or (2) any off	iolation of any local, state or fede ense which was finally settled in a contest.): YES / NO		

If yes, list all co	onvictions below, from the oldest to	the most recent.
-Date of Co	onviction (MM/YR):	Type of Offense:
Descriptio	on of Offense (Do not use abbreviati	ons)
-Date of Co	onviction (MM/YR):	Type of Offense:
Description	n of Offense (Do not use abbreviation	ons)
REFERENCE	S	
Reference #1	Name:	
	Address/City/Zip:	Phone
Reference #2	Name:	
	Address/City/Zip:	Phone
Reference #3	Name:	
		Phone
AUTHORIZAT	FION My acknowledgement belo	ow indicates that:
* I give perm	nission for photos or videotapes of n	nyself to be reproduced for promotional or educational purposes.
* I give perm to promote the		elete surveys and evaluations that will be used to determine program effectiveness of
evaluations with		evaluations is voluntary and that I may choose not to participate in surveys or serve with the Texas AgriLife Extension Service. I understand that I will be asked an evaluation.
background info History, Militan Partnership, La Extension Serv	formation about or concerning me, in ry Background, Civil Listings, Educ w Enforcement Agency, and other educed ice or any of its components to mak	der and the Texas AgriLife Extension Service to request and receive any and all neluding, but not limited to, my Criminal History, Driving Record, Employment ational Background, Professional License from any individual, Corporation, entities including my present and Past Employers. I authorize the Texas AgriLife e reference checks relating to my volunteer service. I understand that this y as a volunteer/employee with the Texas AgriLife Extension Service.
deferred adjudi determine my e employee or vo review the crim	cations and delinquent conduct com- ligibility for an employment/volunte- dunteer here, the criminal history chainal history as received by client/ag	g agencies, may include arrest and conviction data, as well as plea bargains and mitted as a juvenile. I understand that this information will be used, in part, to eer position with this organization. I also understand that as long as I remain an eck may be repeated at any time. I understand that I will have an opportunity to ency and a procedure is available for clarification, if I dispute the record as a could contain information presumed to be expunged.
Contract Person to this authoriza	nnel, or Associates, from any and al ation, procurement of an investigativ	ervice Provider and all of their Subsidiaries, Affiliates, Officers, Employees, I claims and liability arising out of any request for information or records pursuant we consumer report and understand that it may contain information about my cs, and mode of living, whichever are applicable.
concerning the	nature and scope of the investigatio	equest within a reasonable period of time to veriFYI for additional information n. I acknowledge that I have voluntarily provided the above information for ally read and understand this authorization.
I AGREE TO	ALL TERMS AND CONDITION	S OF THE ABOVE STATEMENT:

Applicant Signature

Date of Agreement (Today's Date):