CONFIDENTIAL



VOLUNTEER APPLICATION FORM

This form is an application to serve as a volunteer for Texas A&M AgriLife Extension Service and the consent for AgriLife Extension to conduct a criminal background history check according to the Youth Protection Standards Guidelines.

This form is to be completed by AgriLife Extension Master Volunteers, direct volunteers, and volunteers who handle Extension support group finances (such as BLT, LAB, PAC, etc.). 4-H volunteers must apply online via 4HOnline. All information is treated as confidential.

Please PRINT LEGIBLY a	nd provide legal names	and related information	1:	
County (in which you v	olunteer)			
Program Area	Master Gardeners	Master Naturalists	Master Wellness	Other
Legal First Name	Legal Midd	dle Name	Legal Last Name	Suffix (Jr, Sr, III, IV, etc.)
Maiden/Other Names			Preferred Name (if different	than legal name)
Mailing Address		City	State	Zip
FIRST FIVE digits of Socie	- X X X al Security Number		of Birth (mm/dd/yyyy)	Driver's License Number
Gender (check one)	Male	_	Female	
Are you of Hispanic	ethnicity?Yes,	Hispanic	No, not Hispanic	
Race (check all that app	<i></i> Ame	rican Indian	Asian	Black
	Nati	ve Hawaiian	Pacific Islander	White
all background informati including a consumer rep Background, Civil Listings Enforcement Agency, an or any of its components determine my eligibility a	on about or concerning moort under the Fair Credit so, Educational Background d other entities including	ne, including, but not lim Reporting Act, 15 U.S.C. d, Professional License fromy present and Past Em as relating to my volunted with the Texas A&M Agr	kM AgriLife Extension Service ted to, my Criminal History, \$1681, Driving Record, Employom any individual, Corporation oloyers. I authorize the Texas er service. I understand that the Life Extension Service.	on, Partnership, Law A&M AgriLife Extension Service this information will be used to

deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to veriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

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Signature	Date	
orgeta.c	24.0	