

Volunteer Interest Why are you interested in being a volunteer with the University of Florida Extension 4-H Youth Program?

Personal References List three (3) references, who have knowledge of your qualifications, but are not related to you.

Print Name _____ Phone _____

Mailing Address: _____
Street City Zip

Print Name _____ Phone _____

Mailing Address: _____
Street City Zip

Print Name _____ Phone _____

Mailing Address: _____
Street City Zip

Have you been convicted of a criminal offense in the past seven (7) years? Yes No

Have you been ever convicted of a crime involving a minor (including a deferred imposition of sentence)?
 Yes No

Note: a criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service to contact...to conduct a search...to release information... I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension 4-H program volunteer. Your signature and information below are necessary to process this application.

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my service with 4-H/ UF/ Cooperative Extension Service, I hereby authorize ChoicePoint Services Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Signature _____ **Date** _____

Date of Birth ____/____/____ **Social Security #** _____

Drivers License Number _____ **State** _____

Thank You for your application.

Return to: Alachua County 4-H
2800 NE 39th Avenue
Gainesville, FL 32609