



An equal opportunity/ADA Institution

FOR STAFF USE: PLEASE CIRCLE THE RESPONSIBLE PROGRAM: 4-H GG MN EFG MG OTHER_____	
PLEASE INDICATE PRIMARY CLUB/PROGRAM <u>YCLS</u>	
STATE _____	County Faculty/Staff Review _____
	Faculty/staff signature _____ Date Reviewed _____
State 4-H Office Review _____	
	State staff signature _____ Date Reviewed _____

ANNUAL BACKGROUND CHECK CONSENT FORM

Directions: PRINT legibly in black ink, completing all sections, including physical signature and date form is signed. Give form to county Extension office for their review and submission to the MU Extension 4-H Ctr. for Youth Development.

Applicant's full legal name _____
First name Full middle name Last name, including Jr., Sr., III

List ALL other names ever used, including maiden name, previously married name(s), all nicknames and any aliases.

List CURRENT MAILING address first, including PO Box if used. List other addresses used in past 5 years, using pg 2 if needed.

CURRENT MAILING : _____
Street address/PO Box City, State Zip code

Previous street address/PO Box City, State Zip code

Applicant's date of birth: MM/DD/YYYY)


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Gender: Male___ Female___ Hispanic/ Latino: No___ Yes___

Race: White/Caucasian___ Black or African-American___ Asian___ American Indian or Alaskan___
Native Hawaiian or Pacific Islander ___ Two or more races___

Home ph. _____ Cell ph. _____ Email _____

Veteran Status: Unknown ___ None___ Veteran___ Vietnam Veteran___ Do you have a disability: No___ Yes___

Have you ever been found guilty to or convicted of any criminal act in any state? No___Yes___ *Describe below. 
*Identify charges, including: Date City State County Circumstance

Have you ever been substantiated as a perpetrator in any child abuse or neglect report in any state? No___*Yes___ 
*Identify charges, including: Date City State County Circumstance

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to MU Extension 4-H Center for Youth Development to request Missouri Department of Social Services Children's Division Child Abuse and Neglect search and national criminal records checks, including sexual offenses. The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information is in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

CHECK YOUR STATUS AND FILL IN REQUIRED SOCIAL SECURITY NUMBERS. NOTE: NO SCRATCH THRUS OR WHITE OUT ALLOWED!

___I'm a NEW volunteer applicant. My FULL social security # is:

___I'm a returning volunteer applicant; the last 4 digits of my social security # are:

Applicant's legal signature _____

Date applicant signed form _____

Legal guardian's signature (if applicant under 18 at time form filled in) _____

Date applicant's legal guardian signed form, if needed _____

