



UW-Extension takes seriously its obligation to provide a safe environment for all persons involved in youth activities. UW-Extension will conduct a records check of volunteer applicants and periodic follow-up checks of continuing volunteers with the Wisconsin Department of Justice to help assure a safe environment for the well being of youth participants. Information obtained will not automatically disqualify you from consideration.

Full Name: \_\_\_\_\_ \* Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Racial-Ethnic Group: \_\_\_\_\_

1. I am applying to be a 4-H volunteer and acknowledge and understand that, through this application, my record will be checked.

2. Have you been a full time resident in Wisconsin during the past 3 years? Yes  No

3. If "no" to above, list non-Wisconsin address(es), including county and state, of residence(s) during the past 3 years:

4. If you have not lived in Wisconsin during the past 3 years, please list 3 people (not relatives) who can comment on your work with youth:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

5. Has your driver's license been suspended or revoked within the last 10 years? Yes  No

6. Have you been convicted of a crime or crimes involving a minor (including a deferred imposition of sentence)? Yes  No

7. Have you used or been known by any other names, e.g., maiden name, previous marriage, or legally-changed name? If "yes," what names have you used? Yes  No

8. I acknowledge and agree that I or UW-Extension may terminate the volunteer agreement at any time. I certify to the best of my knowledge that these responses are true and complete. I hereby authorize UW-Extension to conduct a police and court investigation of my background.

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

\* The Privacy Act of 1974 (5U.S.C.552A) requires that an agency provide the following notice to each individual whom it asks to supply a social security number: 1. The authority for requesting and using your social security number here is found in 20 U.S.C. section 1232g. 2. Disclosure of the social security number is voluntary; however, failure to provide the number may result in denial of the application. 3. The social security number will be used for any and all necessary and usual identification and reference purposes associated with your application and continuation as a volunteer in a University of Wisconsin-Extension program.

