



An equal opportunity/ADA Institution

FOR STAFF USE: PLEASE CIRCLE THE RESPONSIBLE PROGRAM: 4-H GG MN EFG MG OTHER _____		
_____ County Faculty Review _____	_____ Faculty signature _____	_____ Date Reviewed _____
State 4-H Office Review _____	_____ State staff signature _____	_____ Date Reviewed _____

ANNUAL BACKGROUND CHECK CONSENT FORM

Directions: PRINT legibly in ink, completing all sections, including physical signature and date form is signed. Applicants give form to county Extension office. Faculty review & send all forms to MU Extension 4-H Ctr. for Youth Development.

Applicant's full legal name _____
 (First) (Middle) (Last, including Jr., Sr., III)

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

Addresses for past five (5) years, including current address (Be sure to also include a PO Box if one is used.)

Street address/PO Box City, State Zip code

Street address/PO Box City, State Zip code

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

____ / ____ / ____ Gender: Male ____ Female ____ Hispanic/ Latino: Yes ____ No ____

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: Yes ____ No ____

Have you ever been found guilty to or convicted of any criminal act in any state? Yes ____ *Complete section below. No ____
 *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? *Yes ____ No ____
 *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 THE STATEMENT THAT DESCRIBES YOUR STATUS AND FILL IN REQUIRED SOCIAL SECURITY INFORMATION ACCORDINGLY.

__ 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 _____