

**VOLUNTEER BACKGROUND SCREENING AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ County Agricultural Extension  
(name) (county)

District, Iowa State University Extension and Outreach, and/or its agents to make an independent investigation of my background, including social security number verification, motor vehicle, national criminal records, state and federal sex offender registries, including those maintained by both public and private organizations and all public records. First Advantage will be used to accomplish part of this background screen. The purpose of this authorization is to confirm the information contained on my Application and to obtain other information which may be material to my qualifications for service as a volunteer now and, if applicable, during the tenure of my volunteer service with County Agricultural Extension Districts (CAED). All employees will be re-screened every three years.

To facilitate the background screening, I agree to provide CAED and Iowa State University Extension and Outreach (ISUEO) with my full name, date of birth, social security number, and other personal information requested on the Background Screening Disclosure Form (to follow). I understand that my failure to provide this authorization or information may result in my ineligibility to serve in any capacity involving youth, vulnerable populations, cash handling, or sensitive information.

Information provided by First Advantage for the criminal background check will not include a consumer credit report or credit score. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. For a summary of your rights under the FCRA, please see [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

I have carefully read and understand this Background Screening Authorization and, by signing electronically below, I authorize First Advantage to release national sex offender registry and/or criminal record reports to ISUEO and CAED. This Background Screening Authorization in original, faxed, photocopied, or electronic form will be valid for securing background screening reports that ISUEO and CAED may request.

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

If applicant is under age 18, parental approval is required:

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

This document will be kept on file with the County Agricultural Extension District

Iowa 4-H Youth Development Program



4-H Leader/Volunteer Services  
Confidentiality Statement

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I do hereby acknowledge that in my service as a volunteer for the Iowa State University Extension & Outreach 4-H Youth Development Program, I will have access to confidential information contained in records of youth and families participating in the 4-H program. I agree that I shall not disclose any such information to any unauthorized person, and I will adhere to confidentiality guidelines of the Iowa State University Extension & Outreach 4-H Youth Development Program. I acknowledge that a proven breach of confidence could be cause for termination from my position.

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4-H Leader/Volunteer's Signature

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Date

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

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Signature of Designated County Staff

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Date

**IOWA STATE UNIVERSITY**  
Extension and Outreach

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. Direct inquiries to the Diversity Advisor, 515-294-1482, [extdiversity@iastate.edu](mailto:extdiversity@iastate.edu).

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