

VOLUNTEER BACKGROUND SCREENING AUTHORIZATION FORM

I, _____, hereby authorize _____ County Agricultural Extension 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, sex offender, state and federal abuse registry checks, including those maintained by both public and private organizations and all public records. A consumer reporting agency 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).

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. 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 the consumer reporting agency 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 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 below, I authorize a consumer reporting agency 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 of Parent _____ Date _____

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

...and justice for all

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

Cooperative Extension Service, Iowa State University of Science and Technology, and the United States Department of Agriculture cooperating.