

VOLUNTEER BACKGROUND SCREENING DISCLOSURE

Complete and return this form with a completed Background Screening Authorization Form

Required items are noted in **red** and with an asterisk (*). Please print legibly.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Legal Name* _____
First Middle* Last* Generation (Sr., Jr., III, etc.)*

Gender M F **Date of Birth*** (mm/dd/yy) ____/____/____ **Email** _____

Present Street Address* _____ **Phone** _____

City* _____ **State*** _____ **Zip*** _____

Do you have a Social Security Number? * Yes No

If yes, list:

Social Security Number* _____ - _____ - _____

If no, select alternate U.S. issued identification: (if no U.S.-issued identification is available, contact your Extension Office)

U.S. Passport Identification # _____

Other U.S. Government Identification # _____

Driver's License # (enter number below)

Do you have a driver's license? * Yes No (Must be provided in order to be approved to volunteer.)

Driver's License issued by (state) _____ **License Number** _____

Address listed on license Same as above **If not, please list** _____

Please list all cities and states of residence within the past seven (7) years including your present address (mm/yyyy):

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

Have you ever used another legal name? Yes No

(examples may include maiden names, shortened or abbreviated names, form names that may have been legally changed, etc.) If yes, please list below:

Other names used _____ **Maiden Name** _____

+ Providing your social security number allows the most complete and efficient background screening possible. Federal and State law protects the privacy and security of your SSN and Iowa State University and the Extension District will not disclose your SSN without your consent for any other purposes except as allowed by law. For a full description of the ISU Social Security Number Policy, please go to the Social Security Number Protection Policy

<http://policy.iastate.edu/policy/ssn/>

The following are my responses to questions about my criminal record history (*if any*) within the past seven (7) years with a full explanation of the circumstances to any question with a YES answer. (*You may add an additional page if necessary for your explanation*).

1. **Have you ever been convicted of or plead guilty before a court of any federal, state, or municipal criminal offense (excluding traffic violations)?** Yes No

| Date (mm/yyyy) | Charge Type | Location (county, city, state) |
|----------------|-------------|--------------------------------|
| | | |

2. **Have you ever received deferred adjudication, a deferred sentence, or similar disposition for any federal, state, or municipal criminal offense?** Yes No

| Date (mm/yyyy) | Charge Type | Location (county, city, state) |
|----------------|-------------|--------------------------------|
| | | |

3. **Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?** Yes No

| Date (mm/yyyy) | Charge Type | Location (county, city, state) |
|----------------|-------------|--------------------------------|
| | | |

4. **Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States?** Yes No

| Date (mm/yyyy) | Charge Type | Location (country, city) |
|----------------|-------------|--------------------------|
| | | |

5. **As of the date of this authorization, do you have any pending criminal charges against you?** Yes No

| Date (mm/yyyy) | Charge Type | Location (county, city, state) |
|----------------|-------------|--------------------------------|
| | | |

Signature of Applicant _____ **Date** _____

Signature of Parent/Guardian, if applicant is a minor _____ **Date** _____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. _____ County Agricultural Extension District abides by all applicable state and federal employment laws.

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.