COUNTY County Extension

Street Address

City, IA ZIP

(xxx) xxx-xxxx

www.extension.iastate.edu/COUNTY

 **VOLUNTEER REQUEST FOR BACKGROUND CHECK REPORT**

Please print legibly

I, , am a current volunteer for County

 *Full Name County*

Extension Service. I would like a copy of the most recent background check report provided to

 County Extension Service by First Advantage. I intend to provide the First

 *County*

Advantage report to County Extension Service, for which I will

 *Additional County*

be providing volunteer services.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name Phone*

*Signature Date*

If volunteer is under age 18, parent/guardian approval is required:

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

 Revised March 2021

Revised August 2018