

IOWA STATE UNIVERSITY
Extension and Outreach

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 volunteers 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 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, parent/guardian approval is required:

Parent/Guardian Signature _____

Date _____

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

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