



4-H Volunteer Information for Background Screening Form

Volunteers who want to work with youth in University of Florida IFAS Programs must complete an official background screening. The information below is needed to initiate the background screening process. Please complete all fields. Acceptance as a volunteer is contingent on return of this form to your County Extension Office (or IFAS program supervisor) for submission and clearance through the appropriate screening process. These processes are in place to help ensure the safety and well-being of all IFAS program participants (youth, parents, families, paid staff and volunteers).

This form will be destroyed once the background screening is complete.

Volunteer Information

First Name: _____ **Last Name:** _____

SSN: _____ - _____ - _____

Mailing Address:

Date of Birth: ____ / ____ / ____

Place of Birth: _____ (State or Country if not US)

Male or Female: _____ **Race:** _____ **Hair Color:** _____

Eye Color: _____ **Height:** _____ **Weight:** _____ lbs.