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