



VOLUNTEER INFORMATION RELEASE AUTHORIZATION FORM
Youth Skills Camps Background Checks

I hereby authorize the University of New Hampshire and its designated agents and representatives to conduct a comprehensive review of my background. A background review consists of a criminal history review, sex and violent offender registry review, social security trace and verification. The social security trace returns all the credit header information associated with that SSN. This does not mean a credit check is being run - it does not involve credit scores or credit account information. The information returned on a social security trace is focused on address history associated with that SSN. Any copy of the SSN handled by UNH Cooperative Extension staff is destroyed after it is submitted. See a summary of your rights under the Fair Credit Reporting Act: https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf

Thank you for your interest in becoming a volunteer for UNH Cooperative Extension. We appreciate your cooperation with our screening process and assure you this information will be kept in the utmost confidence.

TO BE COMPLETED BY COOPERATIVE EXTENSION VOLUNTEER SUPERVISOR

PROGRAM: _____ SUPERVISOR: _____ COUNTY: _____

Please check one:

- A. _____ Initial Youth Skills Camp Background Check B. _____ Follow-up (annual) Youth Skills Camp Background Check*

TO BE COMPLETED BY VOLUNTEER APPLICANT

PRINT NAME: _____
First Middle Last

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
Month Day Year

CURRENT ADDRESS: _____
Street Number & Name City State Zip

EMAIL (Print): _____ PHONE#: _____

In the spaces below, please list all of your permanent and temporary residences since age 18

*NOTE: It is not necessary to list your residences for a follow-up (annual) background check - Box B checked above

Table with 3 columns: CITY / STATE/ DATES (mm/yy-mm/yy), CITY / STATE/ DATES (mm/yy-mm/yy), CITY / STATE/ DATES (mm/yy-mm/yy). Contains 5 empty rows for data entry.

I have carefully read and understand this Disclosure and Consent form. By my signature below, I consent to the release of consumer reports to the University of New Hampshire and its designated representatives and agents. I certify the information I provided on this form is true and correct and I agree that this Disclosure and Consent form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the University of New Hampshire.

SIGNATURE : _____ DATE: _____