

Alaska 4-H Volunteer Service Background Check Form

For District Office Use Only
District Name:
PROOF OF PAYMENT:
UAF Receipt No.:
Date:
Notes:

		ral privacy and data reactions are available at www.t				ing Act and	d the	
	I consent to the	e electronic backgro luct the local, state a CES. In order to fa	und check thro and national re	ough First Adva	antage, a UAF of of \$7 to me. Ple	ease make	checks	
Print	ed Name							
		(First)		(Middle)		(Last)		
SSN	<u> </u>		Date of	Birth (XX/XX/X)	XXX)	<i>I</i>	_/	
Phys	sical Address: _							
City			_ State	Zip	Phone _			
	accord withIf there is in will be information	vill be destroyed/era- the Disposal Rule of formation reported water med of the information with First Advantage air Credit Reporting	f the Federal T which negative on, provided a e. You will also	rade Commiss ly impacts your copy of the rep be provided a	sion (FTC). application to port, and your riceopy of "A Sur	be a 4-H vo	olunteer, you	
	Obtain A F approxima	nt to a background c Person of Interest (Al te cost of \$20, AND BI National Crime In	PSN) statewid	e review from t	he Alaska Stat	·	at an	
Mail a s governn money	nent form of ider	esting the national retification, return add unt of \$18 (no perso cessing:	lress, a compl	ete set of finge cepted) to the	rprints and a ce	ertified che	ck or	
Federal Bureau of Investigation								
Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road								
			sburg, West V	•				
Finger		tained through local rprints cannot be ob					utes time.	
	Applicant Signature Date							
Unive	rsity of Alaska Fa	airbanks Cooperative	Extension Se	rvice will not di	stribute your pe	rsonal info	rmation.	
For office u								
Applicant is:	Approved	Not Approved	as a Voluntee	r Leader.			ペータ	

Date

Form date: 10/2018

Agent Signature