

Alaska 4-H Volunteer Service

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

N	Alaska T	-ii Voidiit	CCI OCIVICC	Date:	
	Backg	round Che	eck Form	Notes:	
Infor	mation about the federal privacy ar Gramm-Leach-Bliley Act are				and the
	I consent to the electronic back which will conduct the local, sta payment at https://bit.ly/AK4HB district 4-H office. To facilitate the	ate, and national BGCheckPaymen	review at a cost of s <u>t</u> . IF you need to pa	11 to me. Please make y via check, please cor	e your
Pri	nted Name				
	(First)		(Middle)	(Last)	
SS	N	Date of	Birth (XX/XX/XXXX	(x)/	/
Ph	ysical Address:				
Cit	У	State	Zip	Phone	
	 The report will be destroyed/accord with the Disposal Rul If there is information reported will be informed of the information with First Advant Under the Fair Credit Reported. 	le of the Federal ed which negative nation, provided a tage. You will als	Trade Commission ely impacts your ap a copy of the report, o be provided a cop	(FTC). plication to be a 4-H vol and your rights to disp	lunteer, you ute any
	 I do not consent to a backgrour ➤ Obtain A Person of Interest approximate cost of \$20, A ➤ Obtain a FBI National Crim 	t (APSN) statewio	de review from the	Alaska State Troopers a	at an
birth, pand a	Crimina Div	nt form of identific the amount of \$10 or processing: Department of ederal Bureau of	cation, return addre 8 (no personal chec of Justice i Investigation tion Services (CJIS er Hollow Road	ss, a complete set of fin ks accepted) to the CJI	gerprints
Fing	erprints can be obtained through lo Fingerprints cannot be				es time.
Applicant Signature				Date	
Uni	versity of Alaska Fairbanks Coopera	ative Extension Se	ervice will not distrib	oute your personal inform	nation.
	For office use only:				
	Applicant is: ApprovedNot Ap	oproveda	as a Volunteer Leader.		
	Agent Signature			Date	