Collaborator Volunteer Screening Verification Form

Arizona 4-H Youth Development values individuals who work to provide quality educational programs in safe environments for youth. It is our pleasure to partner with you in this effort. The University of Arizona requires that all adults affiliated with our 4-H Program have verification on file that they have completed a screening process.

School/Organization's Name: _____

Supervisor's Title (*schools use principal*): _____

Supervisor's Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Supervisor's Telephone: _____

Supervisor's Email: _____

Name of Collaborator Volunteer	Name of Collaborator Volunteer

By signing this form, I verify that the above volunteers have been screened, have references on file, and have been found to be acceptable to work with young people in my school/facility. All 4-H field trips or other travel away from my school/facility must be approved by me. My school/organization will provide insurance.

Supervisor's Signature: _____ Date: _____

We Appreciate Your Cooperation

Agent's Signature: _____ Date: _____

Please return to:

4-H VOLUNTEER DEVELOPMENT
MARICOPA COUNTY COOPERATIVE EXTENSION
4341 E BROADWAY RD
PHOENIX AZ 85040

Last Reviewed: 8/08

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