



AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with The University of Arizona Cooperative Extension, I understand that the University of Arizona may utilize the services of university-approved vendors as part of the Arizona Cooperative Extension's screening procedure for volunteers. I hereby authorize on behalf of The University of Arizona Cooperative Extension university-approved vendors to procure a criminal background report. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies if university-approved vendors do not provide the required information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Volunteer Applicant's Signature

Date

Social Security Number *

Date of Birth *

* For identification purposes only

Printed Name

Street Address

City, State, Zip

09/07

