Request for Volunteer Screening Information from Another Agency

NDSU Extension Service

Print Name – Last, First, Middle ____________________________________________________________________________

Address _________________________________________________________________________________________________

Birth Date ________/________/________

Name of organization_____________________________________________________________________________________

Address of local headquarters______________________________________________________________________________

Phone number of local headquarters ( )________________________________

I authorize the _____________________________________________________________________ to release references, North Dakota Child Abuse Information Index information and any additional information they may have that may relate to my work with youth in the NDSU Extension Service. This information is requested as part of a screening process for me to work directly with youth. Any information received will be treated in a confidential manner.

Volunteer Signature________________________________________________________       Date______/______/______

NOTE TO VOLUNTEER: If you are a volunteer with another youth program and were screened during the last six years by that organization for child protection purposes to work directly with youth, the NDSU Extension Service may waive the screening process. The screening in that organization must be at least as thorough as Extension screening. You may authorize the NDSU Extension Service to request the information on file with that organization. If this information is received, reference checks and clearance through the Child Abuse Information Index may be waived by the NDSU Extension Service.

Please return this form to: