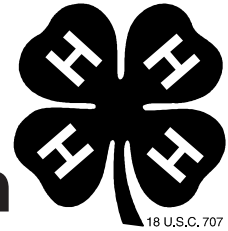


Current Volunteer Information for Recertification



NDSU Extension Service

Current volunteers who want to continue to work with youth must be re-screened every six (6) years. Continued acceptance as an NDSU Extension Service volunteer is contingent on return of this form to your county Extension office for clearance through the North Dakota Child Abuse Information Index, and checked against the North Dakota Office of Attorney General's Convicted Sex Offenders and Offenders Against Children – Public List.

Name _____
Last First Middle

Male Female Date of Birth ____/____/____
m/d/y

Mailing Address _____
St., RR, Box, Apt #

How long have you lived at this address? _____ years
If less than 6 years, list previous address(es) during this years. _____

How many years have you been in a youth program? _____ years

Describe ways you volunteer in youth programs:

I certify that the above information is correct. I authorize the NDSU Extension Service to contact the North Dakota Department of Human Services to conduct a search of the Child Abuse Information Index and the Department of Human Services to release any information on the Index to the NDSU Extension Service. I understand the misrepresentation or omission of facts requested is just cause for non-appointment as an NDSU Extension Service youth program volunteer.

Volunteer signature _____ Date ____/____/____

Please return this information form at your earliest convenience. Contact us if you have any questions or wish further information. Thank you!

RETURN TO:

