

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		Prefix	
First Name		Middle Name	
Last Name		Preferred Name	
Mailing Address		City	
State		Zip Code	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Work Phone	

Enrollment

Ethnicity	Are you of Hispanic ethnicity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State	
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000	
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000	
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs		
Military	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a son/daughter serving in the military	
	<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military		
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy		
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
(New Club)		
(New Club)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
(New Project)				
(New Project)				
(New Project)				

4hOnline

I hereby authorize veriFYI and/or its Service Provider and the Texas A&M AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my present and Past Employers. I authorize the Texas A&M AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas A&M AgriLife Extension Service. The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged. I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make written request within a reasonable period of time to veriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Adult Signature _____ Date _____

Last Approved Screening Year _____ Screening Expiration Year _____

County Only	
Received in County Office	Entered in 4-H CONNECT