



FOR STAFF USE: PLEASE CIRCLE THE RESPONSIBLE PROGRAM: 4-H GG MN EFG MG OTHER _____

PLEASE INDICATE PRIMARY CLUB/PROGRAM BUSY BEAVERS 4-H CLUB

Audrain County Faculty/Staff Review Sherry Specialist 9/1/2016
Faculty/staff signature Date Reviewed

State 4-H Office Review _____
State staff signature Date Reviewed

EXAMPLE ONLY

An equal opportunity/ADA Institution

ANNUAL BACKGROUND CHECK CONSENT FORM

Directions: PRINT legibly in black ink, completing all sections, including physical signature and date form is signed. Give form to county Extension office for their review and submission to the MU Extension 4-H Ctr. for Youth Development.

Applicant's full legal name John Albert Smith, Sr.
First name Full middle name Last name, including Jr., Sr., III

List ALL other names ever used, including maiden name, previously married name(s), all nicknames and any aliases.

John Smith, Albert Smith, Al Smith, John A. Smith Sr.

List CURRENT MAILING address first, including PO Box if used. List others used in past 5 years, adding pg. 2 if needed.

CURRENT MAILING : 123 Smith Lane Paris, MO 65275
Street address/PO Box City, State Zip code

PO Box 87 Paris, MO 65275
Previous street address/PO Box City, State Zip code

Applicant's date of birth: MM/DD/YYYY) 03/17/1967

Gender: Male X Female Hispanic/ Latino: No X Yes

Race: White/Caucasian X Black or African-American Asian American Indian or Alaskan
Native Hawaiian or Pacific Islander Two or more races

Home ph. Cell ph. Email Johnsmithnoemail@norealemail.com

Veteran Status: Unknown None Veteran X Vietnam Veteran Do you have a disability: No X Yes

Have you ever been found guilty to or convicted of any criminal act in any state? No X Yes Describe below
Identify charges, including: Date City State County Circumstance

Have you ever been substantiated as a perpetrator in any child abuse or neglect report in any state? No X Yes
Identify charges, including: Date City State County Circumstance

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to MU Extension 4-H Center for Youth Development to request Missouri Department of Social Services Children's Division Child Abuse and Neglect search and national criminal records checks, including sexual offenses. The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information is in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

CHECK YOUR STATUS AND FILL IN REQUIRED SOCIAL SECURITY NUMBERS. NOTE: NO SCRATCH THRU OR WHITE OUT ALLOWED!

X I'm a NEW volunteer applicant. My FULL social security # is:
I'm a returning volunteer applicant; the last 4 digits of my social security # are:

Grid for social security numbers with 9 columns and 2 rows.

John Albert Smith, Sr.
Applicant's legal signature

08/31/2016
Date applicant signed form

Legal guardian's signature (if applicant under 18 at time form filled in)

Date applicant's legal guardian signed form, if needed

