

## Authorization for Background Check

Applicant: \_\_\_\_\_  
Last Name                      First                      Middle                      Maiden

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Others

Have you lived in Rhode Island for the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no, what state(s) have/do you in for the past ten years?

\_\_\_\_\_

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I hereby authorize the University of Rhode Island 4-H program to obtain information as a result of a criminal background check. I understand that the information obtained as a result of this check may be used by the University of Rhode Island 4-H program in determining my suitability to become a University of Rhode Island 4-H Volunteer. This authorization will expire upon receipt by the RI 4-H Office of the criminal background check or thirty (30) days after the date of this authorization appearing below. All decisions regarding the suitability of volunteers to work with children in the University of Rhode Island 4-H Program are at the discretion of the University of Rhode Island State 4-H Staff.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Authorization