



## MN 4-H RELEASE OF INFORMATION FOR BACKGROUND CHECK

Complete only if **NOT** doing online background check. DO NOT DO BOTH.  
*Please Print Legibly*

Legal Name: \_\_\_\_\_  
*First*
*Middle*
*Last*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Gender: M / F      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

County for which you are volunteering in 4-H: \_\_\_\_\_  
*(For Otter Tail County, please indicate East or West. For St. Louis County, please indicate North or South.)*

Please list all addresses for the past seven (7) years (attach additional sheets if necessary):

Current Home Address:	Street	Apt	City	County	State	Zip Code
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Past Home Address:	Street	Apt	City	County	State	Zip Code
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Past Home Address:	Street	Apt	City	County	State	Zip Code
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Past Home Address:	Street	Apt	City	County	State	Zip Code
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List any other names you have used (attach additional sheets if necessary):

Name	Dates Used	City	State
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Name	Dates Used	City	State
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Have you ever been convicted of a crime?    Yes / No  
 If yes, please complete next section (attach additional sheets if necessary):

Date	Offense	City	County	State
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Date	Offense	City	County	State
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I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release information without restriction or qualification to 4-H or The McDowell Agency, Inc. I hereby release 4-H and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with 4-H is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at 4-H and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by 4-H. I understand that this release is valid for the duration of my service at and that 4-H or The McDowell Agency, Inc. (at the request of 4-H) may choose to investigate my background at any time during the term of my service.

The background check includes criminal background information and does NOT include a credit check. The background check is for use only by the University of Minnesota Extension 4-H organization; the check has been defined by the needs and requirements of 4-H and is applied consistently to all volunteer applicants. Under no circumstances will the information collected and maintained by the McDowell Agency, Inc. ever be sold or provided to an outside entity for any purpose. For more information about the McDowell Agency's privacy policies, visit [www.mcdowellagency.com/faq.php](http://www.mcdowellagency.com/faq.php).

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

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*Signed*

*Date*

**Note: Do NOT submit this form to your 4-H program staff!**

**Mail or fax this form directly to The McDowell Agency, Inc.:**

1714 University Avenue West, St. Paul, Minnesota 55104

Fax: (651) 644-3877

**If you have any questions you can contact The McDowell Agency:**

Office: 651-644-3880

Toll Free: 877-644-3880

Email: [anna@mcdowellagency.com](mailto:anna@mcdowellagency.com)



THE MCDOWELL AGENCY, INC.  
INVESTIGATION & PRE-EMPLOYMENT SCREENING