



Consent For Background Check

Date of Birth _____
Month/Day/Year

Your Full Name (print) _____

Alias/Maiden Name (print) _____

Please Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position.

I certify that the above information is correct. I authorize the Purdue University Cooperative Extension Service to contact the Indiana Criminal Justice Institute to conduct a search of the Sex and Violent Offender Registry to release any information on the Registry to the Purdue University Cooperative Extension Service. I understand the misrepresentation or omission of facts requested is just cause for non-appointment as a Purdue University Extension Service Master Gardener program volunteer.

If accepted as volunteer, I agree to respect, adhere to, and enforce the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service including all laws related to child abuse and substance abuse. I recognize that the Master Gardener program is part of the Purdue Cooperative Extension Service, in which the United States Department of Agriculture, Purdue University, and all Indiana counties share. As a volunteer, I am committing to involve individuals regardless of race, color, sex, religion, national origin, age or disability in educational experiences in cooperation with other Extension volunteers and Extension personnel.

Volunteer Signature: _____

Date: _____

Contact us if you have any question or wish further information. Thank you!