



**TRANSMITTAL FORM
FOR VOLUNTEER APPLICATIONS AND
BACKGROUND CHECK FORMS**

District _____ County _____

Program Area _____
(4-H, Master Gardener, Master Naturalist, Master Wellness, TEEA, ENP, etc.)

Attached is:

_____ Volunteer Applications or Volunteer Background Check Forms (in alphabetical order by last name)

One check in the amount of \$ _____ (\$10.00 per volunteer screening) made payable to Extension Account #255003.

Send confirmation of screening results to the following e-mail: _____

Note: If an e-mail address is not listed, results will be sent to the county Extension office box.

Mail one (1) copy of this form, along with applications to:
Texas 4-H Office of Volunteer Development
Youth Protection Standards
7607 Eastmark Drive, Suite 101
College Station, TX 77840

Mail one copy of this form to the District Extension Administrator.
Keep one copy of this form in county files.

Signature (County Extension Agent)

Date