

Request for Volunteer Screening Information from Another Agency

If you are a volunteer with another youth program and were screened during the past year by that organization to work directly with youth, the University of Florida IFAS Extension may waive the screening process. The screening in that organization must be at least as thorough as University of Florida IFAS Extension. You may authorize the University of Florida IFAS Extension to request the information on file with that organization. If this information is received, additional screening may be waived.



Volunteer Name _____

Address _____

Birth Date ____/____/____ Social Security Number ____ - ____ - ____

Name of Organization to Contact _____

Address of Organization to Contact _____

Phone Number of Organization () _____

I authorize the _____ to release references and information on file that may relate to my work with youth. This information is requested as part of a screening process for me to work directly with youth in University of Florida IFAS youth programs. Any information received will be treated in a confidential manner.

Volunteer Signature _____ Date ____/____/____

Please return this form to: