



Improving Lives. Improving Texas.

Transmittal Form For Volunteer Applications and Background Check Forms

District _____ County _____

Program Area _____
(Master Gardener, Master Naturalist, Master Wellness, TEEA, EFNEP, BLT, etc.)
**4-H Volunteers – The Volunteer Screening Invoice (from 4-H CONNECT) should accompany
payment for volunteer screening.

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.

_____ Volunteer Applications that have been screened through another entity. (No
payment needed)

Send confirmation of screening results to the following:

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

Name: _____ E-mail: _____

Mail one (1) copy of this form, along with applications to:

Texas 4-H Office
Youth Protection Standards
4180 State Highway 6
College Station, TX 77845

Keep one copy of this form in county files.

Signature (County Extension Agent)

Date