

# University of Minnesota Extension Master Gardener Volunteer Consent for Personal Background Check



Conducting a personal background check is a standard best practice of quality volunteer program management, especially when volunteers may work with youth or vulnerable adults. Minnesota Master Gardeners (MG) often have opportunities to conduct such work. Part of the MG application process in this county includes conducting a personal background check. Information obtained from the personal background check is considered private under the Minnesota Government Data Practices Act, Ch. 13. It will be used to evaluate your application and cannot be released without your consent or a court order. Your screening materials will be handled in a confidential manner by staff that must use it in the normal course of business and as otherwise provided for by law.

County: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Any Other Names (including Maiden Name) and Date Changed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How many years have you lived at the above address? \_\_\_\_\_\*

*\*If less than five years, all previous addresses during that time period on the back of this form.*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

I authorize University of Minnesota Extension and/or their agents to investigate my background as it pertains to being a registered volunteer in the Minnesota Master Gardener Program. This may include investigation of information contained in public records including criminal and motor vehicle data, and contact of personal or professional references. I release all persons, companies or organizations furnishing such information from liability and responsibility. This authorization does not expire and will be considered revoked upon my written authorization or request to University of Minnesota Extension, or at such time as I am no longer an intern or certified Minnesota Master Gardener. A copy of this document may be substituted for the original.

I certify that the information provided in this consent form is true and current. I understand that misrepresentation or omission of facts requested is cause for non-acceptance as a University of Minnesota Extension volunteer. I further understand that while information regarding any criminal record about me will not necessarily disqualify me, University of Minnesota Extension is not obligated to accept or place me as a volunteer. If accepted as a volunteer, I agree to abide by the policies and guidelines of University of Minnesota Extension and the Minnesota Master Gardener Program. I will fulfill my volunteer responsibilities to the best of my ability in a manner consistent with the mission of University of Minnesota Extension and Minnesota Master Gardener Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



University of Minnesota Extension is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. This form can be made available in alternative formats.