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:____________________________________
________________________________________  _____________________

Signature (County Extension Agent) Date

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.