



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Zip: _____

Gender: _____ Race: _____ Last 4 digits of your Social Security Number: XXX XX _____

Phone Number: _____ Email: _____

Date of Birth: _____ Place of birth (city, state): _____

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): _____

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): _____

Please select ONE of the following:

_____ 4-H volunteer leader in _____ county.

_____ Chaperone for _____ (4-H event or program)

_____ Volunteer/Staff for the following UVM Extension program: _____

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed, volunteered or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following state: _____

I understand that the results of that check will be made available to The University of Vermont Extension 4-H for use in reviewing my suitability for employment or volunteering. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Signed in the presence of agency official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification)