



**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 should be submitted through 4-H CONNECT.

Attached is:

_____ (#) Volunteer Applications/Volunteer Background Check Forms (in alphabetical order by last name).

One check in the amount of \$_____ (\$10.00 per volunteer) made payable to **Extension Account #255003**.

Send confirmation of screening results to the following:

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

Name: _____ E-mail Address: _____

Mail one (1) copy of this form along with applications to:
Texas A&M AgriLife Extension Service
Youth Protection Standards
2473 TAMU
College Station, TX 77843-2473

Keep one copy of this form in county files.

Signature (County Extension Agent)

Date