

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 4HOnline) should
 accompany payment for volunteer screening. Do not use this form for 4-H Volunteers.

Attached is:

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

\$ _____ One check (\$10.00 per volunteer screening) made payable to
Extension Account #255003. No personal checks will be accepted.

List below the name and email address of County Extension Agent and/or county support staff who should be sent the confirmation of screening results. Note: If a name/email address is not listed, results will be sent to the county Extension office email.

Name _____ **Email:** _____

Name _____ **Email:** _____

Mail one (1) copy of this form, along with applications and check to:
 Texas A&M AgriLife Extension Service
 Texas 4-H Program/YPS
 2473 TAMU
 College Station, TX 77843-2473

Keep one copy of this form in county files.

 Signature (County Extension Agent)

 Date