



Background Check Form

Name (as it appears on your social security card):

Current Street Address: _____ City/State/Zip: _____

Social Security Number:

Date of Birth:

I hereby affirm that I am the applicant for record/review listed above and the information provided in this application is true and accurate to the best of my knowledge. I give my permission to the Missouri Department of Conservation (MDC) to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number. I further authorize MDC to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.

By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application., I will be removed from consideration as a volunteer. A conviction of a violation of the law does not constitute an automatic bar to volunteering. Each case is considered on an individual basis. Falsification of the application will however, result in disqualification or dismissal from volunteering.

The personal information you provide on this form to facilitate the child abuse and neglect and criminal records-check is strictly confidential. Only qualified and trained individuals and appropriate record-keeping agencies will access this information. In addition, they will adhere to strict procedures to ensure your protection.

If questions arise from the records-check, the Missouri Department of Conservation and University of Missouri Extension chapter advisors and state program coordinators will review the records-check report and work to find an appropriate volunteer placement, if possible.

Signature

Date



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Liability Release Form

_____ I understand that in consideration of being accepted as a participant in the
(Initials) Missouri Master Naturalist™ volunteer program (“program”), I hereby release, discharge and agree to hold harmless the program and its sponsoring state agencies, their agents, employees, officers and successors, from and against all claims of whatever kind, known or unknown, direct or indirect, for personal injury, death or property damage that I may incur from participation in the Missouri Master Naturalist™ program.

_____ I understand and agree that in consideration of being accepted as a participant in
(Initials) the Missouri Master Naturalist™ volunteer program, I will defend and hold harmless the program and its sponsoring state agencies, their agents, employees, officers and successors from and against all claims by third parties, of whatever kind, known or unknown, direct or indirect, for personal injury, death or property damage that may arise from any of my intentional acts or failures to act.

Signature

Date



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