

## OSU Extension-Morrow County

### 4-H Volunteer Criminal History Fingerprint Background Check Procedure

**Please take this page with you when you go to have your background check and provide these instructions to the fingerprint official before you are fingerprinted.**

In Morrow County, 4-H volunteers should have their background check done at:

Morrow County Sheriff Department, 101 Home Rd. (Co. Rd. 76), Mt. Gilead, Ohio 43338

When open: Tuesday, Wednesday, and Thursday from 8 a.m. to 3 p.m. for background checks. No appointment needed.

Please be prepared to pay \$25 (cash or check)

#### Fingerprint Background Check- You will need for the background check:

1. A government issued photo ID - such as your driver's license – showing current address and your date of birth.
2. Your Social Security Number – If you know your number, there is no need to bring your SS card.
3. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) background check. Use the following reason codes:

**BCI Revised Code: 2151.86**

**FBI Revised Code: 2151.86, Out of Home Child Care**

4. Fill out and bring the next page "Request for a Background Check via Electronic Fingerprinting"
5. Background check results **must be mailed DIRECTLY to:**

Attention: **Background Checks – 4-H Morrow County**  
**OSU Office of Human Resources**  
**1590 N. High St., Ste. 300**  
**Columbus, Ohio 43201**

***If the agency is not able to get a good scan of your fingerprints, you will need to complete the ink fingerprint process. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) ink card.***

- **Card #1:** [Ohio Bureau of Criminal Investigation \(BCI\)](#) (see pages 2-3)
- **Card #2:** [Federal Bureau of Identification \(FBI\)](#) (see pages 4-5)

The ink card(s) with payment and the [exemption form](#) (page 6-7) must be submitted to BCI for processing. Cash, third party or starter checks will not be accepted. A money order, certified check, business check or personal check must be made payable to:

**Treasurer, State of Ohio**

**Enclose all background check contents and mail to:**

**Civilian Unit Identification Dept.**

**Bureau of Criminal Identification & Investigation (BCII)**

**P.O. Box 365**

**London, Ohio 43140**

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at:  
<http://go.osu.edu/DQoffenses>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, to your county OSU Extension office not the Office of Human Resources, Background Check Office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. Please submit receipt for reimbursement no more than 60 days past your fingerprinting to allow ample time to reimburse your request.

#### OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer **Full Legal Name** (Print first, middle, last): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only. Tape receipt to top of this form before scanning.**

Date volunteer reimbursement request received at Extension Office:  
\_\_\_\_\_ (month / day / year)

Name & initials of OSU Extension Professional receiving request:  
\_\_\_\_\_  
Initials: \_\_\_\_\_

Webcheck # \_\_\_\_\_

Log# \_\_\_\_\_

## Request for a Background Check via Electronic Fingerprinting

☒ BCI

☐ FBI

☐ BCI and FBI

### Personal Information (please print)

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

State/Province \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_

Email Address \_\_\_\_\_

Complete this portion only if an FBI background check is needed:

Sex ☐ Race ☐ Height ☐ Weight ☐ Hair ☐ Eyes ☐

Reason for background check: (BE SPECIFIC)

2151.86

Address for results to be mailed to:

Background Checks - 4-H Morrow County  
OSU Office of Human Resources  
1590 N. High Street Ste. 300  
Columbus, OH 43201

- Ohio Dept of Education
- Ohio Dept of Public Safety
- BMV Dealer Licensing
- Ohio State Racing Commission
- Dietetics Board
- Social Worker Board
- Child Care Center - Type A - ODJFS
- Ohio Construction Board

### Direct Copy Options (Select only one)

- Ohio Board of Nursing
- Ohio Department of Liquor Control
- BMV Deputy Registrar
- Ohio Department of Insurance
- OPOTA
- Respiratory Care Board
- Lottery Commission
- Ohio Board of Pharmacy

Ohio Medical Board

- Orthotics, Prosthetics, Pedorthics Board
- Occupational Therapy, Physical Therapy and Athletic Trainers Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to OSU Office of Human Resources. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ (date) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants only) \_\_\_\_\_

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.