

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's Office
101 Home Rd. (CO. RD. 70)
Mt. Gilead, Ohio, 43338

Open: Tuesday, Wednesday, and Thursday from 8:00 AM to 3:00 PM. No appointment is needed.
Please be prepared to pay \$25 (cash or check)

Fingerprint Background Check- You will need:

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. 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: _____	

REQUEST FOR BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

BCI FBI BCI AND FBI

PERSONAL INFORMATION: (PLEASE PRINT)

NAME: _____ DOB: _____ SSN: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR _____ EYES _____

REASON FOR BACKGROUND CHECK:

BCI CODE: 2151.86

FBI CODE: _____

ADDRESS FOR RESULTS TO BE MAILED TO:

Background Checks- 4-H Morrow County

OSU Office of Human Resources

1590 N. High St. , Ste. 300

Columbus, OH, 43201

DIRECT COPY: (CIRCLE ONLY ONE)

OHIO DEPT OF EDUCATION

OHIO DEPT OF PUBLIC SAFETY

BMV DEALER LICENSING

OHIO STATE RACING COMMISSION

OPOTA

SOCIAL WORKER BOARD

CHILD CARE CENTER – TYPE A ODJFS

OHIO CONSTRUCTION BOARD

OHIO BOARD OF NURSING

OHIO DEPT OF LIQUOR CONTROL

BMV DEPUTY REGISTRAR

OHIO DEPARTMENT OF INSURANCE

LOTTERY COMMISSION

OHIO BOARD OF PHARMACY

OHIO MEDICAL BOARD

OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND

ATHLETIC TRAINERS BOARD

ORTHOTICS, PROSTHETICS, PEDORTHICS BOARD

DIETETICS BOARD

RESPIRATORY CARE 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 AND INVESTIGATION TO CONDUCT A CRIMINAL RECORDS CHECK FOR THE INFORMATION RELATING TO ME. I AM VOLUNTARILY AND KNOWINGLY AUTHORIZE BCI&I TO DISSEMINATE CRIMINAL ARREST, CONVICTION AND JUVENILE DELINQUENCY ADJUDICATION RECORDS TO THOSE REQUESTED. I VOLUNTARILY AND KNOWINGLY RELEASE AND DISCHARGE THE OHIO ATTORNEY GENERAL'S OFFICE, BCI&I AND THEIR EMPLOYEES FROM ALL CLAIM AND LIABILITY RELATED TO THIS AUTHORIZED CRIMINAL RECORD REVIEW AND DISSEMINATION.

APPLICAN'TS NAME – PRINTED

PARENT/GUARDIAN NAME

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (MINORS ONLY)

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION ON THIS FORM IS ACCURATE. ANY MISTAKES OR ERROS ON THIS FORM ARE THE RESPONSIBILITY OF THE APPLICANT.