



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

Union County Sheriff's Department  
221 W. 5<sup>th</sup> Street  
Marysville, OH 43040  
M – F, 9 – 11 am and 2 – 4 pm  
BY APPOINTMENT ONLY:  
<https://bookucso.timetap.com/#/>  
\$35 Money Order, Personal Check, or Certified Check

Those who live or work within the City of Marysville  
May also go to the City of Marysville Police Department  
1250 W. 5<sup>th</sup> St., Marysville  
BY APPOINTMENT ONLY:  
<https://marysvilleohio.org/520/Civilian-FingerprintingEmployment-Backgr>  
\$32 Exact cash, Check, or Credit Card

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.  
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**
- 3. Background check results **must be mailed DIRECTLY to:**

Attention: **Background Checks – 4-H UNION 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: \_\_\_\_\_



**MARYSVILLE DIVISION OF POLICE**  
**Request for a Background Check via**  
**Electronic Fingerprinting**  
**FORM MUST BE COMPLETED**

**Type of Transaction:**     **FBI**                     **BCI**                     **BOTH**

Personal Information (please print)

Name \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City/State/Zip \_\_\_\_\_ SSN \_\_\_\_\_

Phone # \_\_\_\_\_ Type of Photo ID & ID # \_\_\_\_\_

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

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Reason for background check: FBI: \_\_\_\_\_ BCI: 2151.86  
 (See attached **FBI & BCI REASON FINGERPRINT CODES**)

**NAME & ADDRESS for Results to be Mailed to: (US Mail)**

Company Name: OSU Office of Human Resources                    ATTN: Background Checks - 4-H UNION COUNTY

Address 1590 N. High St., Ste. 300 \_\_\_\_\_

City Columbus \_\_\_\_\_ State OH \_\_\_\_\_ ZIP 43201 \_\_\_\_\_ Phone 937-644-8117 \_\_\_\_\_

***Direct Copy to (circle only one): Electronic copy to State Agencies Only***

- |                              |                              |                                |
|------------------------------|------------------------------|--------------------------------|
| Ohio Dept. of Public Safety  | Ohio Dept. of Education      | Ohio Board of Nursing          |
| BMV Dealer License           | Ohio Dept. of Liquor Control | Respiratory Care Board         |
| Ohio State Racing Commission | BMV Deputy Registrar         | Child Care Center Type A ODJFS |
| Dietetic Board               | Ohio Dept. of Insurance      | Lottery Commission             |
| OPOTA                        | NONE                         | _____                          |

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

I HAVE READ AND RECEIVED INFORMATION ON HOW TO CHALLENGE MY RESULTS

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

\_\_\_\_\_  
 Officer Name (please print)

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

\_\_\_\_\_  
 Officer 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. **Resubmissions will require an additional charge.**

**Office Use Only:**    Payment Method \_\_\_\_\_      CO Unit # \_\_\_\_\_



# REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

UNION COUNTY SHERIFF'S OFFICE – 221 WEST 5<sup>TH</sup> STREET, MARYSVILLE, OHIO 43040

BCI&I

FBI

BCI&I & FBI

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITY: \_\_\_\_\_

SSN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF A FBI BACKGROUND CHECK IS NEEDED:**

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

**REASON FOR BACKGROUND CHECK:**

*(SEE ATTACHED LISTS OF BCI & FBI REASON FINGERPRINT CODES)*

BCI REASON CODE: 2151.86

FBI REASON CODE: 2151.86

**ADDRESS FOR RESULTS TO BE MAILED TO:**

RECIPIENT NAME: \_OSU OFFICE OF HUMAN RESOURCES

ATTN: \_\_\_BACKGROUND CHECKS: 4-H UNION COUNTY

ADDRESS: \_1590 N. HIGH ST. SUITE 300

CITY: \_COLUMBUS STATE: OH ZIP CODE: \_43201

RECIPIENT PHONE #: \_\_\_937-644-8117

**DIRECT COPY OPTIONS (CIRCLE ONLY ONE, IF APPLICABLE):**

OHIO DEPT OF EDUCATION & WORKFORCE\*

OCCUPATIONAL THERAPY, PHYSICAL THERAPY

OHIO CONSTRUCTION INDUSTRY BOARD\*

OHIO BOARD OF NURSING\*

& ATHLETIC TRAINERS BOARD\*

OHIO MEDICAL BOARD\*

CHILD CARE CENTER – TYPE A – ODJFS\*

OHIO DEPT OF LIQUOR CONTROL

OHIO VETERINARY MEDICAL LICENSING

STATE VISION PROFESSIONALS BOARD\*

OHIO DEPT OF INSURANCE

BOARD\*

STATE SPEECH AND HEARING PROFESSIONALS

OHIO LOTTERY COMMISSION

OHIO DIVISION OF REAL ESTATE &

BOARD\*

OHIO RACING COMMISSION

PROFESSIONAL LICENSING\*

SOCIAL WORK BOARD\*

OPOTA

OHIO DEPT OF AGRICULTURE – HEMP\*

OHIO BOARD OF PHARMACY\*

BMV DEALER LICENSING

OHIO DEPT OF COMMERCE – MEDICAL

OHIO DEPT OF PUBLIC SAFETY/PISG UNIT

BMV DEPUTY REGISTRAR

MARIJUANA CONTROL PROGRAM

\*These agencies allow secondary copies of results to be sent via a Mail-To Address.

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 record check for the information related to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the agency I have designated to receive this information. 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.

**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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE AND DATE (MINOR APPLICANTS ONLY)

**BILLING INFORMATION (IF APPLICABLE)\***

**\*AGENCY MUST HAVE AN ACTIVE ACCOUNT WITH UCSO**

\_\_\_\_\_  
NAME OF AGENCY REQUESTING CHECK

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE AT AGENCY