



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

**Please take this page with you when you go to have your background check.**

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

Troy Deputy Registrar License Bureau (BMV)  
1275 Experiment Farm Road  
Troy, Ohio 45373  
937-335-6225  
Please bring valid driver's license

**Please be prepared to pay: BCI - \$37.00; FBI - \$39.00; Both \$67.00 (cash and check accepted).**

tape receipt in this area

#### What You Need to Get Your Ohio 4-H Background Check

1. A government issued photo ID - such as your driver's license - with your current address and showing your date of birth.
2. Your Social Security number – If you know your number, there is no need to bring your SS card.
3. Use **2151.86** as the reason code you are having the background check.
4. If you have not lived in Ohio for the past 5 years, you must also request an FBI report.
5. Background check results **must be mailed to:**

Attention: Background Checks – 4-H MIAMI 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, please ask for an inked fingerprint card. You will then bring the inked card to the Extension office.***

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. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. **Please note that OSU Extension is transitioning our data management system. Reimbursements may be slightly delayed during this transition.**

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

Volunteer 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: \_\_\_\_\_