4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check. In Medina County, 4-H volunteers should try to have their background check done at:

**Medina County License Bureau**
972 North Court Street, Medina, OH 44256 (330) 725-4635
Hours: Monday 8:00-5:30 / Tuesday – Friday 8:00-5:00 / Saturday 8:00-2:00
BCI - $42, FBI $42, Both - $72, ADA Accessible
Cash Only
No Appointment Needed
Additional locations may be found at:
www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck/Webcheck-Community-Listing

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 - Know your number? 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 have a FBI report.
5. Background check results must be mailed to:
   **Attention: BACKGROUND CHECKS – 4-H Medina County**
   **OSU Office of Human Resources**
   **1590 N. High St., Ste. 300, Columbus, Ohio 43201**

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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.

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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. We will submit a reimbursement request for you. The check will be mailed from OSU in Columbus; it may take eight to ten weeks to process and will not say 4-H, but OSU.

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

Volunteer Name **(Print) first, middle, last**

Mailing Address ______________________________

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: ____________**