

4-H Volunteer Criminal History Fingerprint Background Check Procedure

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

You only need to get a BCI check done if you have lived continuously in Ohio for the last 5 years.

If not, you will need to get both a BCI and FBI check done.

Clark County locations for you to get your background check done include:

- Clark County Licensing Bureau (south), 1221 Sunset Ave., Springfield, OH 45505, phone: 937-328-5166, Mondays - Friday, 8 AM to 5 PM, Saturdays, 8 AM – Noon. May pay with a cash, check or credit card. BCI - \$40, FBI - \$40, Both - \$80
- Clark County Sheriff's Department East District Office, 3130 E. Main St. (St. Rt. 40) in Springfield, phone: 937-521-2114, 8 AM to 3:00 PM, Monday through Friday. Only accept a cashier's check, certified bank check, or money order. BCI - \$35, FBI- \$35, Both - \$70
- Clark County ESC, 4170 Alum Ct., Springfield, OH 45505, phone: 937-325-7671, Monday-Friday, 8 AM to 4 PM, Must schedule fingerprint appointment at <https://clarkesc.org> May pay with cash, check, or card. BCI - \$40, FBI - \$40, Both - \$80
- Greenon School District, 120 S. Xenia St., Enon, OH 45323, Enter the front doors of Enon Primary, 937- 864-1202, Ext. 1000 Call to schedule appointment, Monday-Friday, 8 AM to 3 PM, May pay with cash, check, or credit card - BCI-\$33, FBI - \$33, Both - \$66

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 shows your birth date.
2. Your Social Security number - Know your number? 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 from BCI to:**

**Attention: Background Check – Clark County
 OSU Office of Human Resources, 1590 N. High St., Ste. 300, Columbus, Ohio 43201
 614-292-3595**

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 \(BCI\)](#) Card #2: [Federal Bureau of Identification \(FBI\)](#)

The ink card(s) with payment and the [exemption form](#) 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

Please Contact the OSU Ext., Clark Co. Office to obtain the Fingerprint Ink Cards and Exemption Form, if good scans can not be obtained of your fingerprints through the electronic format.

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 the OSU Extension, Clark Co. 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.**

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: _____

tape receipt in this area