

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 Muskingum County, 4-H volunteers can have their background check done at:

MUSKINGUM COUNTY SHERIFF'S DEPARTMENT

1840 East Pike Zanesville, OH 43701

Monday-Friday, 9:30 a.m.-3:30 p.m.

Acceptable payment methods: Cash, Debit/Credit Card, Business Check, Money Order

NO PERSONAL CHECKS ACCEPTED

Or another agency that provides this service.

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 MUSKINGUM COUNTY**
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201
614-247-6947

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: _____

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