



4-H Volunteer Criminal History Fingerprint Background Check Procedure

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

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

Adams County Sheriff's Office
110 W. Main Street (Court House)
West Union, Ohio 45693
Phone: 937-544-2314

Call to schedule an appointment

Please be prepared to pay \$32.00 (cash or money order accepted).

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 – Adams 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 then submit a reimbursement request for you. The reimbursement check will be mailed from OSU in Columbus; it may take eight to ten weeks to process.

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