



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

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

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

Warren County Sheriff's Office  
822 Memorial Drive  
Lebanon, OH 45036  
Phone: (513) 695-1280  
**Hours: Mon-Fri 8am-3pm**

**Please be prepared to pay \$35.00  
(must have exact cash amount or money order. NO Checks)**

#### 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 – Warren 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