



Dear Potential Ohio 4-H Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio 4-H volunteer. Each year, more than 25,000 adult and teen volunteers contribute their time, energies, and talents that enable Ohio 4-H to reach nearly 300,000 youth, helping Ohio 4-H fulfill its mission of helping youth to become caring, capable, and contributing citizens.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our Ohio 4-H members, parents, volunteers, and professionals, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio 4-H volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Melinda Ryan  
Extension Educator  
4-H Youth Development



The following items must be completed before final approval of volunteer status can be issued.

1. NEW Volunteer Applications are due to the Extension Office no later than **4:00PM** on **February 15, 2026**.
2. Fingerprints must be done by February 15<sup>th</sup> and receipt submitted to Extension Office for reimbursement.
3. Complete online NEW VOLUNTEER Training
4. Complete online Youth Activities and Program Policy
5. New Advisors need to attend **one** of the following Volunteer Trainings: (Yes, some trainings are before the application deadline.

Thursday, January 15, 2026 at 6:00pm

Saturday, January 17, 2026 at 9:00am

Monday, January 26, 2026 at 6:00pm

Tuesday, February 24, 2026 at 10:00am

Tuesday, February 24, 2026 at 6:00pm

PLEASE RSVP for the session you will be attending by clicking on the link:

[https://osu.az1.qualtrics.com/jfe/form/SV\\_bPIeMdQdXWVJpJ4](https://osu.az1.qualtrics.com/jfe/form/SV_bPIeMdQdXWVJpJ4)

6. Complete interview with Melinda Ryan, 4-H Educator

**Cloverbud Volunteers** need to attend **one** of the following Cloverbud Trainings if you have not previously attended a Cloverbud Training. Once you have completed Cloverbud training, you do not need to do again unless you would like a refresher.

Tuesday, February 24, 2026 at 9:00am

Tuesday, February 24, 2026 at 5:00pm

# Volunteer Position Description

## 4-H Youth Development

**Position Title:**

4-H Club Organizational Volunteer

**Time Required:**

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

**General Purpose:**

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential. Serve in a leadership role providing overall club management.

**Specific Responsibilities:**

- ◆ Serve as the primary liaison between 4-H professionals, extension staff, volunteers, members and families
- ◆ Maintain and promote communication with all club volunteers, members, and families
- ◆ Secure, complete, and submit club organization/enrollment materials to the county Extension office by the posted deadline
- ◆ Provide county Extension office with all requested materials related to the 4-H club
- ◆ Ensure adequate supervision at all club functions
- ◆ Involve members in developing club programs, including project work, community service, social events and participation in county, regional and state 4-H events
- ◆ Assist officers to learn their responsibilities
- ◆ Welcome parent/guardian interest, ideas, support, and attendance at club activities
- ◆ Follow all OSU Extension and Ohio 4-H Youth Development policies and procedures
- ◆ Recruit new members when the club has openings
- ◆ Attend all (or most) of the club meetings and activities
- ◆ Read Ohio 4-H news and access information from the Ohio 4-H web site to keep members informed of opportunities
- ◆ Participate in volunteer development opportunities to stay current and enhance leadership skills
- ◆ Inform members/parents of 4-H guidelines and requirements
- ◆ Provide positive and constructive feedback to members and parents/guardians

*Continues on page 2*

**Qualifications & Expectations:**

- ◆ Work with volunteers and 4-H professionals to teach and motivate youth, while nurturing positive self-esteem, decision making, responsibility, and leadership
- ◆ Be dedicated to youth and sensitive to their abilities and needs
- ◆ Effectively organize, delegate, and communicate with the other club volunteers
- ◆ Work with minimal supervision from professional staff
- ◆ Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program

**Ohio State University Extension Will:**

- ◆ Provide training opportunities to assist volunteers to meet needs of members and families
- ◆ Provide access to educational materials and resources
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

**Mentor/Supervising Professionals:**

- ◆ County Extension 4-H Youth Development Professional(s)



# Volunteer Position Description

## 4-H Youth Development

**Position Title:**

4-H Club Volunteer (Project and Resource)

**Time Required**

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

**General Purpose:**

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential.

**Specific Responsibilities:**

- ◆ Provide a variety of 4-H project related learning experiences:
  - *Coordinate and conduct educational activities related to projects*
  - *Monitor progress towards project completion*
  - *Prepare members for knowledge assessment of projects, including but not limited to judging, skillathon, and/or exhibition*
  - *Inform members of project requirements and deadlines*
  - *Provide constructive feedback to members, parents, and families.*
- ◆ Advise members in coordinating/conducting club activities, including:
  - *Club meetings, community service, fund-raising, club trips & tours, learning activities, recognition events and leadership activities*
- ◆ Promote 4-H opportunities in your club and local community, including:
  - *Encourage family and member participation*
  - *Inform members of county 4-H events & activities*
  - *Recruit new members and retain current members*
- ◆ Actively participate as a volunteer by:
  - *Follow OSU Extension and 4-H Youth Development policies and procedures*
  - *Attend club meetings and activities*
  - *Read and review all forms of communication to keep members, parents, and other volunteers informed*
  - *Participate in volunteer development opportunities to enhance leadership skills*

*Continues on page 2*

### **Qualifications & Expectations:**

- ◆ Ability, interest, and willingness to:
  - *Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self-esteem, decision making, responsibility, and leadership*
  - *Be dedicated to youth and sensitive to their abilities and needs*
  - *Effectively organize and communicate with the other club volunteers*
  - *Work with minimal supervision from professional staff*
  - *Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the county 4-H program*

### **Ohio State University Extension Will:**

- ◆ Provide training opportunities to assist volunteers to meet needs of members and families
- ◆ Provide access to educational materials and resources
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

### **Mentor/Supervising Professionals:**

- ◆ County Extension 4-H Youth Development Professional(s)
- ◆ 4-H Club Organizational Volunteer



# Volunteer Position Description

## 4-H Youth Development

**Position Title:**

4-H Cloverbud Volunteer

**Time Required**

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

**General Purpose:**

Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.

**Specific Responsibilities:**

- ◆ Willingness to become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program, and county 4-H program
- ◆ Follow the Cloverbud guidelines and policies of Ohio State University Extension, Ohio 4-H Program, and county 4-H program
- ◆ Provide an emotionally and physically safe environment
- ◆ Serve as a liaison between the county Extension office/staff and 4-H Cloverbud members, their parents/guardians, and those working with you
- ◆ Support 4-H professionals and members in conducting meaningful educational experiences to help young people grow and reach their fullest potential
- ◆ Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities
- ◆ Give support and recognition to members
- ◆ Understand the importance of being a positive role model
- ◆ Have fun
- ◆ Let the 4-H Cloverbud children know you care
- ◆ Be committed to young people and their growth in all areas
- ◆ Utilize the Ohio 4-H Cloverbud Curriculum Instructional materials or other approved activities while working with 4-H Cloverbud children
- ◆ Be aware of available learning experiences and help the club members select appropriate activities
- ◆ Maintain open communications with other club volunteers
- ◆ Be dedicated to young people and sensitive to their needs
- ◆ Attend 4-H Cloverbud events, meetings, and activities
- ◆ Read 4-H newsletters and literature from the Extension office and their web site and keep members, parents, and others informed
- ◆ Participate in appropriate volunteer development opportunities

*Continues on page 2*

### **Qualifications & Expectations:**

- ◆ Work with volunteers and 4-H professionals to teach and motivate youth, while nurturing positive self-esteem, decision making, responsibility, and leadership
- ◆ Be dedicated to youth and sensitive to their abilities and needs
- ◆ Interest in learning the characteristics of 4-H Cloverbud-aged children
- ◆ Work with minimal supervision from professional staff
- ◆ Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program
- ◆ Attend annual volunteer training as directed by county 4-H professional

### **Ohio State University Extension Will:**

- ◆ Provide training opportunities to assist volunteers to meet needs of members and parents
- ◆ Provide access to educational materials and resources
- ◆ Approve 4-H Cloverbud curriculum and activities per Ohio 4-H Cloverbud guidelines other than the Big Book of Cloverbud Activities
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

### **Mentor/Supervising Professionals:**

- ◆ County Extension 4-H Youth Development Professional(s)
- ◆ 4-H Club Organizational Volunteer (if participating in a club-based program)



# Ohio 4-H Volunteer Application

## I. GENERAL INFORMATION

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Length of time at this address (years): \_\_\_\_\_

Please circle the appropriate response in each line

<b>Gender</b>	Male	Female	Gender Identity Not Listed	Prefer not to state	
<b>Residence</b>	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
<b>Ethnicity:</b>	Hispanic	Non-Hispanic	Prefer not to state		
<b>Race:</b>	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

## II. EMERGENCY CONTACT

Full Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## III. VOLUNTEER TYPE

Please circle the appropriate response

<b>Program Volunteer</b> (committee)	<b>Please List Committee:</b>	
<b>Camp Volunteer</b>	<b>Circle Role:</b> Adult Volunteer or Camp Nurse	
<b>Club Volunteer</b> - Circle specific role to the right	<b>Cloverbud Leader</b>	<b>Project Leader</b> - teaching specific project skill
	<b>Organizational Club Leader</b>	<b>Resource Volunteer</b> - coordinates club activities
<b>Project Volunteer</b>	County project leader – shooting sports or other specialized projects	

List the 4-H Club you wish to apply to serve with.

4-H Club Name: \_\_\_\_\_



## IV. OTHER INFORMATION

**Military Service:**    \_\_\_ I am serving in the Military  
                               \_\_\_ No one in my family is currently serving  
                               \_\_\_ My Parent serves My Sibling serves  
                               \_\_\_ My Son/Daughter serves I/my spouse/partner serve

<b>Branch of Service</b> (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
<b>Branch Component</b> (circle)	Active	Guard	Reserves	Not applicable			

**Health Considerations/Notes** (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

**Are You a 4-H Alumni:** \_\_\_ YES    \_\_\_ NO    **State and County:** \_\_\_\_\_

**Why are you interested in volunteering for the Ohio State University Extension 4-H Program?**

## V. ABOUT YOU

**Job Title:** \_\_\_\_\_                      **Employer:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_                      **Ext.** \_\_\_\_\_

**Previous Work Experience** (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

**Previous Volunteer Experience** (list current or most recent experience first):

<i>Organization</i>	<i>Volunteer Role</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>



## VI. REFERENCES

### Reference 1

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

### Reference 2

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

### Reference 3

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

## VII. PHOTO RELEASE

**Photo Release: Permission to use photographic form for promotion contingent upon completing volunteer process:**

Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

- YES, I do give permission
- NO, I do not give permission



**VIII. SCREENING QUESTIONS-Part A**

Do you currently hold a valid Driver's License?	YES	NO
Do you have current vehicle liability insurance?	YES	NO
Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?	YES	NO
Have you ever had a background screening prior to now?	YES	NO

**VIII. SCREENING QUESTIONS-Part B**

<p>*Have you been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:</p> <table border="1"> <tr> <td>abduction,</td> <td>arson,</td> <td>assault,</td> <td>battery,</td> </tr> <tr> <td>burglary,</td> <td>child abuse,</td> <td>domestic violence,</td> <td>endangering children,</td> </tr> <tr> <td>escape,</td> <td>extortion,</td> <td>improperly discharging firearm,</td> <td>inciting to violence,</td> </tr> <tr> <td>intimidation,</td> <td>gross sexual imposition,</td> <td>human trafficking,</td> <td>inducing panic,</td> </tr> <tr> <td>kidnapping,</td> <td>menacing,</td> <td>manslaughter,</td> <td>murder,</td> </tr> <tr> <td>patient abuse,</td> <td>rape,</td> <td>robbery,</td> <td>resisting arrest with violence,</td> </tr> <tr> <td>riot,</td> <td>sexual battery,</td> <td>stalking,</td> <td>terrorism.</td> </tr> </table>	abduction,	arson,	assault,	battery,	burglary,	child abuse,	domestic violence,	endangering children,	escape,	extortion,	improperly discharging firearm,	inciting to violence,	intimidation,	gross sexual imposition,	human trafficking,	inducing panic,	kidnapping,	menacing,	manslaughter,	murder,	patient abuse,	rape,	robbery,	resisting arrest with violence,	riot,	sexual battery,	stalking,	terrorism.	YES	NO
	abduction,	arson,	assault,	battery,																										
	burglary,	child abuse,	domestic violence,	endangering children,																										
	escape,	extortion,	improperly discharging firearm,	inciting to violence,																										
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	patient abuse,	rape,	robbery,	resisting arrest with violence,																										
	riot,	sexual battery,	stalking,	terrorism.																										
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.	YES	NO																												

\*If Yes, please provide the information below:

Name of Individual: \_\_\_\_\_  
 This individual's relationship to the volunteer applicant \_\_\_\_\_  
 The name of the investigating agency/county office that was involved: \_\_\_\_\_  
 The Charge(s)/Offense(s): \_\_\_\_\_  
 Court: \_\_\_\_\_ (i.e. Franklin County Common Pleas Court)  
 Case No: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_



*Has any member of your current household been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

\*If Yes, please provide the information below:

Name of Individual: \_\_\_\_\_  
 This individual's relationship to the volunteer applicant \_\_\_\_\_  
 The name of the investigating agency/county office that was involved: \_\_\_\_\_  
 The Charge(s)/Offense(s): \_\_\_\_\_  
 Court: \_\_\_\_\_ (i.e. Franklin County Common Pleas Court)  
 Case No: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

I understand that being a volunteer with 4-H is not guaranteed and may be depend upon successful completion of the background check and the information disclosed in this form.	YES	NO
I understand that failure to disclose may result in an automatic disqualification or termination of my status as a 4-H volunteer.	YES	NO

## IX. WAIVER

### Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to professionally represent the activity/program and The Ohio State University. Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Do their best to help youth thrive while exploring their ‘sparks’.
- Read and uphold the Youth Privacy Principles located at [go.osu.edu/youthprivacy](http://go.osu.edu/youthprivacy)

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
  - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- I will report any red-flag behaviors, child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE at the OSUE’s sole discretion.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

### 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 Champaign County, 4-H volunteers should have their background check done at:

<p>Urbana Police Department 205 S Main St 937-652-4350 M-F 8am-4pm, no appt needed \$35 exact cash, or visit Finance Office first to pay &amp; bring receipt</p>	<p>Madision-Champaign Ed Svc Ctr 2200 S US Hwy 68 937-484-1557 M-F 8:30am-3:00pm, <u>must make appt</u> \$40 exact cash or check</p>	<p>West Liberty Salem Schools 7208 US Hwy 68 N 937-465-1075 M-F 8am-3pm, <u>must email for appt</u>-\$30 cash/check <a href="mailto:lcarter@wlstigers.org">lcarter@wlstigers.org</a></p>
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### Fingerprint Background Check Process – You will need:

1. Provide your name as listed in 4-H Online to help ensure HR office is able to match your BCI results back to your 4HO record! Check to see if your 4HO name needs to be updated.
2. A government issued photo ID – such as your driver's license – showing current address and your date of birth.
3. Your Social Security Number – if you know your number, there is no need to bring your SS card.
4. 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.
5. Use the following reason code:  
**BCI Revised Code: 2151.06** – Out of Home Child Care
6. Background check results must be mailed DIRECTLY to:

Attention: **Background Checks – 4-H Champaign County**  
OSU Office of Human Resources  
1590 N High St, Suite 300  
Columbus, OH 43201

\*OSU will only accept BCI results directly from BCI so be sure you use the right reason code and mailing address as shown above.

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.

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 back check contents and mail to:**

Civilian Unit Identification Dept.  
PO Box 365  
London, OH 43140

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying event that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: [go.osu.edu/DQoffenses](http://go.osu.edu/DQoffenses).

**See Back Side for Completion of Reimbursement**



**THE OHIO STATE UNIVERSITY**  
EXTENSION



[go.osu.edu/champ4h](http://go.osu.edu/champ4h)

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity).

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 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.** You will be mailed a check directly from the Human Resources office in Columbus, normally within 3-4 weeks.

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

Volunteer Full Legal Name (Print first, middle, last): \_\_\_\_\_

Volunteer Last 4 digits of SSN: \_\_\_\_\_ Volunteer Phone Number: \_\_\_\_\_

Volunteer Email Address: \_\_\_\_\_

<p><b><i>For Office Use Only. Tape receipt to this form before scanning.</i></b> <i>Date Volunteer reimbursement request received at Extension Office:</i> _____ <i>(Month/Day/Year)</i> <i>Name and initials of OSU Extension Professional receiving request:</i> _____</p>	
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