

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

Email Address _____

Date of Birth _____ SSN _____

Phone # _____

Address _____

State/Province _____

City _____

Zip/Postal Code _____

Complete this portion only if an FBI Background Check is needed:

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for Background Check: (BE SPECIFIC)

Position: Volunteer Mentor

Organization Name and Address for results to be mailed to:

NCOESC attn: SMYL

BCI Reason Code: Other: Volunteer Mentor

928 W. Market St. Suite A

FBI Reason Code: Volunteer Children's Act

Tiffin, Ohio 44883

Direct Copy Options (Select Only One)

Agency approved by VECHS program Yes No

Ohio Department of Education

Ohio Veterinary Medical Licensing Board

BMV Dealer Licensing

OPOTA Ohio Peace Officer Training Academy

Ohio Racing Commission

BMV Deputy Registrar

Ohio Board of Nursing

Ohio Div of Real Estate/Professional Licensing

Child Care Center- Type A- ODJFS

Ohio Board of Pharmacy

Ohio Dept of Agriculture- Hemp Program

Construction Board

Lottery Commission

Occupational Therapy, Physical Therapy,

Ohio Department of Insurance

Ohio Department of Liquor Control

and Athletic Trainers Board

Social Work Board

State Vision Professionals Board

Ohio Department of Public Safety/PISG

Ohio Medical Board

None

State Speech and Hearing Professionals Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the WebCheck agency (721821-North Central Ohio ESC) to submit information to the Ohio Bureau of Criminal Identification and Investigation and I voluntarily and knowingly authorize the BCI&I to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize the BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the following:

SMYL

_____ . I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, and the North Central Ohio ESC and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature (date)

Witness Signature (date)

Parent/Guardian Name (please print) (Minor Applicants only)

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Parent/Guardian Signature (Minor Applicants only)

Transaction No. _____

Paid: Cash _____ Check _____ Credit Card _____

Bill to: SMYL