

**Request - Background Check
Personal Information (please print)**

Drivers License ID# _____

Name _____

Address _____

DOB _____ SSN _____

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

E-mail _____

Phone _____



Reason For Background

Direct Copy Sent Electronically

Child Care Volunteer - DCP

ODJFS

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to **ODJFS**. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Print Name

Kevin R. Wolfe

Signature

Date

Witness Signature

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