



VECHS QUALIFIED ENTITY APPLICATION
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

ENTITY NAME: _____

PHYSICAL OPERATING ADDRESS IN FLORIDA: _____

COUNTY: _____

MAIN CORPORATE/ORGANIZATION PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

ENTITY PHONE: () _____ FAX: () _____

NAME OF ENTITY HEAD: _____ TITLE: _____

CONTACT PERSON: _____ TITLE: _____

CONTACT PHONE: () _____ E-MAIL ADDRESS: _____

LEGAL TYPE OF ENTITY (Select one): Governmental (Public) Private - Non-Profit Private - Profit

Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled. NOTE: A "child" includes any unmarried person under 18 years of age that has not been emancipated by order of a court. An "elderly person" means any person 60 years of age or older. A "disabled person" includes any person with a mental or physical impairment who requires assistance to perform one or more daily tasks.

Table with 6 columns: Type of Person(s), Care or Treatment, Education, Training, or Instruction, Supervision, Recreation, Care Placement. Rows include Child, Elderly, and Disabled.

ENTITY MISSION STATEMENT/SUMMARY OF TYPE OF SERVICES YOUR ENTITY PROVIDES - Please describe the services your entity provides that would qualify your entity to receive state and national criminal history record checks under this program and the applicable laws:

Do you plan to request state & national criminal history checks through the VECHS Program on YOUR current or prospective FLORIDA employees, volunteers, contractors/vendors? YES NO If no, please explain (continue on separate page, if necessary):

(Contractors or vendors may be checked through the VECHS Program, if they have or may have unsupervised access to the children, elderly, or disabled persons for whom a qualified entity provides care.)

Number of Current Employees: Number of Current Volunteers:
Number of Expected New Employees during the next 12 months: Number of Expected New Volunteers during the next 12 months:

Are you currently required by law to obtain state and national (LEVEL 2) criminal history record checks on any of your current/prospective employees, volunteers? YES NO If yes, what state agency monitors your entity and these required record checks?

PLEASE NOTE: Entities that are required to obtain state and national (LEVEL 2) criminal history checks under other statutory provisions, on all or specific employees/volunteers, must continue to comply with those statutes and the procedures that specifically apply to them. These entities must continue to use the fingerprint cards specifically provided for processing the required record checks. Requests for these required criminal history record checks may not be processed through the VECHS Program, pursuant to federal and Florida law.

Approximately how many fingerprint cards do you anticipate submitting to FDLE, through the VECHS Program, for state and national criminal history record checks, within the next twelve months?

SIGNATURE OF ENTITY HEAD: DATE:

Please mail your completed application to FDLE at the address below. Please contact us at the number below for further information.
FLORIDA DEPARTMENT OF LAW ENFORCEMENT
USER SERVICES BUREAU - ATTN: VECHS UNIT - P.O. BOX 1489
TALLAHASSEE, FL. 32302-1489
(850) 410-VECHS