

VECHS

Volunteer & Employee Criminal History System Application for Qualified Entities

Florida Department of Law Enforcement
Criminal History Services
Phone: (850) 410-8161 FDLEVECHS@fdle.state.fl.us



The National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes allows for the creation of the VECHS program. Through this program, FDLE and the Federal Bureau of Investigation (FBI) provide state and national criminal history record information on applicants, employees, and volunteers to qualified organizations in Florida. With this criminal history information, the organizations can more effectively screen out current and prospective volunteers and employees who are not suitable for contact with children, the elderly, or the disabled.

To be qualified to participate in the VECHS program, an organization (public, private, profit, or non-profit) must provide "care" or "care placement services" to children, the elderly, or the disabled.

Entity Information

Entity Name:				
Mailing Address:				
	Street Address			Unit#
	City	State	Zip	County
Physical Operating Address: <input type="checkbox"/> Check here if Mailing Address is the same as Physical Address				
	Street Address			Unit#
	City	State	Zip	County

Contact Information

Contact Person:			
Phone:		Ext:	
E-mail Address:		Fax:	
Entity Head: (Please Print)		E-mail Address:	

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Summary of Services

Legal Type of Entity: Governmental (Public) Private, Non-Profit Private, For-Profit

Are you designated as 501(c)(3) with the United States Internal Revenue Service? Yes No
If yes, please provide verifying documentation, such as IRS determination letters.

Please check all that apply to the service(s) that your entity exclusively provides to children, the elderly, or the disabled:

Vulnerable Population Served	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail the services your entity will provide and how those services will exclusively and directly impact children, the elderly, or the disabled (continue on a separate page, if necessary):

Are you a K-12 private school? Yes No

If yes, are you receiving or applying to receive scholarship funds? Yes No

~~Are you a School of Hope? Yes No~~
~~(as defined in §1002.333, F.S.)~~

Once approved, please indicate your participation in the Applicant Fingerprint Retention and Notification Program (AFRNP):

No Participation Employee & Volunteer Retention

Employee Retention Only Volunteer Retention Only

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Summary of Services (continued)

<p>Please provide a list of each position/persons that you would request a state and national criminal history record check on through the VECHS Program. Please include the duties for each <u>as they relate to the exclusive services provided</u> (continue on a separate page, if necessary):</p>	
Title/Classification/Position	Job Duties/Description
<p><u>Please be advised that contractors and vendors not directly employed with the entity are not eligible to be screened through the VECHS Program. Please provide your initials as acknowledgment:</u></p>	
<p>Do you understand that current or prospective employees <u>and</u> volunteers, contractors or vendors that are otherwise statutorily required to receive a state and national (Level-2) criminal history record check are <u>not eligible</u> for the VECHS Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you plan to request state and national criminal history record checks through the VECHS Program on employees <u>and</u> volunteers <u>currently residing</u>, contractors, or vendors outside of the state of Florida? If yes, please explain (continue on a separate page, if necessary):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you currently required by <u>state statute</u> to obtain state and national (Level-2) criminal history record checks on any of your current or prospective employees <u>and</u> volunteers?, contractors or vendors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If yes, what state agency monitors your entity and requires these criminal history record checks? Please check all that apply:</p>	
	Florida Department of Children and Families (DCF)
	Florida Department of Education (DOE)
	Florida Agency for Healthcare Administration (AHCA)
	Florida Department of Elder Affairs (DOEA)
	If Other(s), please explain below:

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It is your responsibility to determine if your entity is otherwise statutorily required to complete criminal history record checks on current or prospective employees and volunteers, ~~contractors or vendors~~. Please verify your statutory requirements for record checks with one of the above agencies or Florida Statutes before submitting your application. If you have contacted these agencies and still have questions regarding eligibility, please contact the FDLE VECHS Program at (850) 410-8161 or at FDLEVECHS@fdle.state.fl.us.

~~Approved qualified entities must first complete and submit a Civil Workflow Control System (CWCS) Registration Form to FDLE for processing. Once your CWCS Registration Form has been received and approved by FDLE, you will receive an email confirmation stating your entity is authorized to submit fingerprints electronically. Livescan devices allow for the electronic submission of fingerprints and descriptive data to FDLE for processing. A list of approved service providers and Livescan vendors can be found on FDLE's website.~~

Please submit your completed application ~~and the CWCS Registration Form~~ to FDLE using the information below. Applications may be submitted by regular mail, e-mail, or fax, but must be typed.

Florida Department of Law Enforcement
Criminal History Services
ATTN: VECHS
P.O. Box 1489
Tallahassee, FL 32302-1489

FDLEVECHS@fdle.state.fl.us
Fax: 850-488-4424

Signature of Entity Head: _____ Date: _____

FDLE Use Only

Application Status:- (Approved, Pending, Denied)		<u>Date:</u>	
Qualified Entity ORI:		<u>Date:</u>	