VECHS

Qualified Entity Application

Volunteer & Employee Criminal History System



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	n				
Entity Name:					
Mailing Address:					
	Street	Address			Unit#
	City	State	Zip	Cou	unty
Physical Operating Address:					
Check here if	Street	Address			Unit#
Physical Address is same as					
Mailing Address	City	State	Zip	Cou	unty

Contact Information

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

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Application for Qualified Entities

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Summary of	Services					
Legal Type of	Entity: 🗆 Gove	ernmental (Public)	☐ Private, N	lon-Profit 🗆 F	Private, For-Profit	
Are you design	nated as 501(c)(3) ovide verifying docun	with the United	States Internal Ro	evenue Service? ters.	□ Yes No	
Please check a the disabled:	all that apply to th	e service(s) that	your entity provid	des to children, th	ne elderly, or	
Vulnerable Population Served	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement	
Children						
Elderly						
Disabled						
Are you a K-12	2 private school?	□ Yes □ N	lo			
If yes, are you	receiving or app	ying to receive s	scholarship funds	? Yes	No	
	d, please indicate ogram (AFRNP):	your participation	on in the Applican	nt Fingerprint Ret	ention and	
	No Participation		Employee 8	Employee & Volunteer Retention		
	Employee Ret	ention Only	Volunteer R	etention Only		

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Are you currently required by state statute to obtain state and national criminal history record che any of your current or prospective employees and volunteers? Yes No If yes, what state agency monitors your entity and requires these criminal history record che Please check all that apply: 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: If Other(s), please explain below: t is your responsibility to determine if your entity is otherwise statutorily required to complete criminal history checks on current or prospective employees and volunteers. Please verify your statutory requirements for rechecks with one of the above agencies or Florida Statutes before submitting your application. If you have conhese agencies and still have questions regarding eligibility, please contact the FDLE VECHS Program at (88 t10-8161 or at FDLEVECHS@fdle.state.fl.us. Please submit your completed application 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	d volunteers
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Fax: 850-488-4424	