



Diocese of St. Augustine History Screening

Please type or Print clearly all information in black or blue ink. Submit as two pages.

This information is being submitted in connection with for check one:

Employment service or Volunteer service

Circle One: Parish / Mission / School / Ministry

Write Name of Location: _____

Job Title / Duties _____

Name

Last First Middle (Maiden)

Social Security Number _____ Date of Birth _____

Race _____ Sex _____ Driver's License Number _____ State _____

Address _____

City/State _____ Zip _____ Email _____

Have you lived outside the United States during the most recent consecutive 5-year period? No Yes

If yes,
Country _____ Dates _____

Reason for living outside of the United States: Military Assignment Education Other _____

If you have lived outside of the United States during the most recent consecutive 5-year period, you may be required to submit to an international history screening prior to beginning employment or service in the diocese.

Have you ever been convicted, entered a plea of "no contest", had prosecution deferred or adjudication withheld for any crime, except a minor traffic violation? No Yes

If yes, please give dates and a full description _____

I hereby state that all of the information on this form is true and complete. I understand that this request will be used to conduct a history screening to determine my suitability for service with the Diocese of St. Augustine. I understand that my service with the Diocese of St. Augustine may be terminated if any such information is later found to be false or incomplete.

Signature _____ Date _____

For Diocesan Office Use Only

Date Processed: _____ Comments: _____

- Employee
- Retention list
- Volunteer (only)
- Denied

Authorized Signature _____

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT
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

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize the Diocese of St. Augustine to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I ___ have *OR* ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do *OR* ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

PLEASE RETURN TO QUALIFIED ENTITY:

Entity Name: Diocese of St. Augustine
Safe Environment Office

Address: 11625 Old St. Augustine Road
Jacksonville, FL 32258

Telephone: 904-262-3200

FDLE Assigned Qualified Entity Numbers: 16040211, 16040011, 16040156

ORIGINAL - MUST BE RETAINED BY THE DIOCESE OF ST. AUGUSTINE

Live Scan Personal Information

Name: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Date of Birth: _____

Ethnicity: _____ Citizen Country: _____

Height _____ Weight: _____

Hair Color: _____ Eye Color: _____

E-Mail Address: _____

Place of Birth: _____

Immigration Status: _____

Immigration Date: _____

Alien Registration Number: _____

Convenient Appointment Date & Time: _____