

Form A

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 (enter Name of Qualified Entity) DeLAsalle Academy 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: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: DeLAsalle Academy

Address: 6401 Techster Blvd., Fort Myers

Telephone: 239-245-8212 Fax: 239-245-7951

FDLE Assigned Qualified Entity Number: V36040090-F

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

APPLYING TO VOLUNTEER AT DE LASALLE ACADEMY

Please accept our thanks for your willingness to volunteer. The gift of your time is greatly appreciated and we look forward to working together on behalf of the students at De LaSalle. Under Florida statutes, all volunteers must undergo a federal background check. Unfortunately, clearance from other entities, such as your place of employment or other agency, are not accepted by the State of Florida. We are sorry for any inconvenience this may cause and appreciate your understanding that we must operate within the statutes.

To apply to volunteer, you will need:

- A. Completed **Volunteer Application** (attached) – Submit completed form to the school office.
- B. Signed **Code of Conduct for Volunteers** (attached) – Submit signed form to the school office.
- C. Completed, clear **background check** (see below)

PROCESS FOR BACKGROUND CHECK

1. Get fingerprinted at any Lee County Sheriff Sub-Station. We recommend that you call in advance to check on fingerprinting availability/times. When you arrive, you will need to provide your driver's license and this number: **V36040090**. The fee for electronic fingerprinting is \$15.00. Be prepared to pay cash.
2. The Sheriff's office will immediately provide you with a copy of your fingerprints. You will find a Transaction Control Number in the upper left corner of the print out, below the word APPLICANT.
3. Once you have the Transaction Control Number, go to <https://caps.fdle.state.fl.us> to finish processing your background check. The fee for this process is \$38.75, paid on the website.
4. The office will notify you when you are cleared to volunteer.
5. If you have any questions, call Janet Laverty at 239-245-8212