

Site #: _____



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

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize the Diocese of Pensacola-Tallahassee to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) 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 Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (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.

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 understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. 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 and/or volunteer.

A national criminal history record check 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 At Location Name: _____

Signature: _____ Date: _____

(Parental/Guardian signature for minors under 18 years of age)

Printed Name: _____ Date of birth: _____

Address: _____

Entity Name: Diocese of Pensacola-Tallahassee

Address: 11 North B Street, Pensacola, FL 32502

Telephone: (850) 435-3570

FDLE Assigned Qualified Entity Number: 17040002 / 17040043

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY