

# Diocese of St. Augustine Criminal Background Check



Please check one:

- Initial Background Screening  
(Card and fee attached)
- 5 Year Renewal (Fee attached - no card required)
- Live Scan (fee paid to vendor at time of service)

(Type or Print clearly all information in black or blue ink)

Name \_\_\_\_\_  
Last First Middle (Maiden)

Social Security Number \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Have you lived in the state of Florida during the most recent consecutive 5-year period? \_\_\_ Yes \_\_\_ No

If less than 5 years, please give previous address below:

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

If yes, please give dates and a full description \_\_\_\_\_  
\_\_\_\_\_

This information is being submitted in connection with my \_\_\_ employment or \_\_\_ volunteer service at:

Parish, School, or Ministry \_\_\_\_\_ Location \_\_\_\_\_

Job Title / Describe Duties \_\_\_\_\_

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 criminal history background check 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 \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF FORM**

Revised 3/08

For Office Use Only

Date Processed: \_\_\_\_\_

Cleared  Denied

Comments: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
USER SERVICES BUREAU  
**CRIMINAL HISTORY CHECK WAIVER AGREEMENT AND STATEMENT**  
NATIONAL CHILD PROTECTION ACT OF 1993, AS AMENDED

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 current and prospective employees and volunteers for whom criminal history are being requested.

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 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 with 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 or volunteer.

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, please describe the crime and the particulars of the conviction 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 \_\_\_ employee or \_\_\_ volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To be completed by Qualified Entity:**

Entity Name: Diocese of St. Augustine

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

Telephone: 904-262-3200 Fax: 904-262-0698 e-mail: lvasquez@dosaf1.com

FDLE Assigned Qualified Entity Number: E - 16040156 V - 16040011