



CITY OF ALTAMONTE SPRINGS

225 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FLORIDA 32701-3697

Dear Provider/Volunteer,

As you know, the City greatly depends on and appreciates the time and services given by our Private Providers and their volunteers. Without you, we would not be able to provide all the quality programs that we do. Part of being a Private Provider and volunteer is allowing the City to conduct various reviews, which includes a background check. With the background check, our goal is the protection of the children. To that end, we have found it necessary to broaden the type of background checks we conduct.

Based on recent changes to Florida Statutes and our Labor Attorney's opinion, the City will broaden our background process to include a "level 2" criminal history review (screening). This screening requires that a complete set of fingerprints be submitted to the Department of Law Enforcement for state and federal processing. The Florida Department of Law Enforcement will conduct this screening for the City.

With that in mind, the City will be conducting finger prints at the "ALTAMONTE COPS CENTER", located in the Altamonte Mall. Please use the entrance on the North side of the Mall between JC Penney and Macy's.

***Please call 407-571-8463 to set-up an appointment or stop by the "ALTAMONTE COPS CENTER" between the hours of 8am-4pm Monday thru Saturday.
Please bring a copy of your FDLE form with you to the "Altamonte Cops Center"***

AFFIDAVIT OF GOOD MORAL CHARACTER

STATE OF FLORIDA
 COUNTY OF _____

ACTIVITY _____
 CENTER _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

As an applicant for employment in a position that deals directly with children, I hereby attest to meeting the requirements for employment, that I am of good moral character, that I have not been found guilty of, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction. I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition alleging delinquency pursuant to Part II, Chapter 39, Florida Statutes, or similar statutes of other jurisdictions, for any of the following acts. I understand I must acknowledge the existence of any criminal or delinquency record regardless of whether I was adjudged guilty by the court and regardless of whether or not those records have been sealed or expunged.

Section	415.111	abuse, neglect or exploitation of aged or disabled persons	Chapter	800	lewdness and indecent exposure
Section	741.30	domestic violence	Section	806.01	arson
Section	782.04	murder	Section	812.13	robbery
Section	782.07	manslaughter	Section	817.563	fraudulent sale
Section	782.071	vehicular homicide			controlled substances, only if the offense was a felony
Section	782.09	killing of an unborn child by injury to the mother	Section	826.04	incest
Section	784.011	assault, if the victim of the offense was a minor	Section	827.03	aggravated child abuse
Section	784.021	aggravated assault	Section	827.04	child abuse
Section	784.03	battery, if the victim of the offense was a minor	Section	827.05	negligent treatment of children
Section	784.045	aggravated battery	Section	827.071	sexual performance by a child
Section	787.01	kidnapping			obscene literature
Section	787.02	false imprisonment	Chapter	847	drug abuse
Section	787.04	moving children from the state or concealing children contrary to court order	Chapter	893	prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section	794.011	sexual battery			
Section	794.041	prohibited acts or persons in familiar or custodial authority			
Chapter	796	prostitution			
Section	798.02	lewd and lascivious behavior			

I further attest that I have not been judicially determined to have committed abuse or neglect against a child as defined in s. 39.01, Florida Statutes; nor do I have a confirmed report of abuse, neglect or exploitation as defined in s 415.102, or abuse or neglect as defined in s. 415.503 which has been uncontested or upheld pursuant to the procedures provided in s. 415.103 or s. 415.504, Florida Statutes.

Under the penalty of perjury, I attest that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Affiant

The foregoing document was acknowledged before me this _____ day of _____, 20____
by _____, who is personally known to me or has produced _____
as identification and who did (or did not) take an oath.

Notary Public

My Commission Expires:



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**) CITY OF ALTAMONTE SPRINGS 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: CITY OF ALTAMONTE SPRINGS
Address: 225 NEWBURYPORT AVENUE, ALTAMONTE SPRINGS, FL. 32701
Telephone: 407-571-8091 Fax: 407-571-8070
FDLE Assigned Qualified Entity Number: E59020014 OR V59020014

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD**