

Mentor Application

To apply to be a mentor you must

Be same gender as cadet & 25 yrs of age or older

Must provide 5 year Criminal Records Check

Must attend one day of training at FLYCA

Not living in same household as cadet

Reside within a reasonable distance of cadet

Be a United States citizen or Legal Resident

Not be parent or step-parent of the cadet

Not be sibling or step-sibling of the cadet



**Florida
Youth
ChalleNGe
Academy**

*"Where anything
is possible!"*

5629 State Road 16 West, Building 3800

Starke, Florida 32091-9703

Fax: (904) 559-1768

Mentor Coordinator/Case Managers: (904) 559-1726 ext. 4028,

4017, 4018, 4019, 4031 or 4049

Web-site: www.floridayouthchallengeacademy.org

MENTOR APPLICATION INSTRUCTIONS

To become a Mentor you must:

- Not live in the same household as the Cadet (Cannot be a parent, step-parent, sibling, step-sibling, boyfriend/girlfriend, or ChalleNGe staff or spouse)
- Be same gender as the Cadet & Be 25 years of age or older
- Reside within a reasonable distance of the Cadet
- Be a resident of Florida and citizen of the United States, or legal resident
- **Mandatory to request a 5 year back Criminal Record Check from your Local Police Station**

A Mentor must be willing to:

- Agree to a National Background Check.
- Attend one Mentor training to be held at Florida Youth Challenge Academy
- Make weekly contacts by phone or mail with your Cadet after you have been trained and matched while Cadet is at Florida Youth Challenge Academy
- Make weekly contacts by phone, mail, email, or face-to-face with your Cadet after they complete the Residential portion of the program
- Mail or e-mail a monthly report to Florida Youth Challenge Academy on the progress of your Cadet

The Mentor Acceptance Process:

Once the Recruitment Placement and Mentor Office receives your application, there are a few steps to acceptance. They are as follows:

1. Receive completed Mentor application packet.
2. The Mentor submits the completed DJJ standard forms, Mentor Questionnaire, finger print cards, and two (2) letters of reference.
3. Prior to Admissions Day, the Mentor Coordinator will send you an Introductory Letter with the training dates for the Mentor to choose from.
4. Prior to the Mentor training day, that you have chosen, an information packet and a gate pass will be mailed to you.

Mentor Day:

Mentor Day will be offered on three (3) dates during the Residential Phase in order to accommodate all the Mentors. You will only be required to attend one of these dates.

During the training you will hear from past Mentors, get the opportunity to network with other Mentors and meet all the Staff who will be supporting you and your Cadet. There will be lunch during training. After training is complete, there will be a ceremony.

The Matching Ceremony: This is when the Mentor and the Cadet or as is known on this day, the Mentee make a vow to work together and use the skills they have both learned—the Cadet has also gone through a course in being an effective Mentee. Pictures are taken, a contract is signed, vows are read to each other, and a pin commemorating the day is exchanged. This is a very big day for the Cadets and the entire campus takes part in this event. Once this ceremony is complete, the Mentor is allowed to visit the Academy with his/her cadet.

Mentor/Cadet Relationship:

As a Florida Youth ChalleNGe Mentor, you will be expected to maintain contact once you are matched, during the Residential Phase and all 12 months of the Post-Residential phase.

During the Residential or Challenge Phase, communication is primarily letters and telephone calls. You are expected to write your Cadet at least one letter per week and he or she is expected to do the same. Once Mentors are matched, you are encouraged to visit your Cadet at the Academy on the specific visitation days.

Once the Cadet graduates and enters the Post-Residential Phase, the Mentor maintains contact with their Cadet at least four times per month. At least two (2) of those contacts must be face-to-face. At the end of each month a report must be submitted to the assigned Case Manager indicating what took place at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must also notify the Mentor Coordinator if there are any changes in address, phone number, or significant problems with their Cadet.

**Before mailing Please check to make sure
you have the following:**

**Florida Youth Challenge Academy
Mentor Document Checklist**

Candidate's Name: _____

Mentor's Name: _____

Home Phone # _____ Cell Phone # _____

Send Highlighted Items Only

INITIAL MENTOR APPLICATION DOCUMENTS:

- _____ Copy of Driver License **(Mail clear copy do not fax)**
- _____ Copy of Social Security Card or Copy of Previous Year's W2 **(Mail clear copy do not fax)**
- _____ Local Criminal Police Record Check **(Mandatory to request a 5 year back Criminal Record Check from your Local Police Station)**
- _____ Request for Live Scan Background Screening Form
- _____ Digital Fingerprint form **(Mandatory to complete at your Local Police Station)**
- _____ Criminal History Acknowledgement
- _____ Mentor Questionnaire
- _____ Two Reference Forms
- _____ Mentor Application
- _____ Mentor Liability Release / Mentor Authorization and Consent for Release of Information **(Must be notarized)**

Note: Mentor training dates will be forwarded under separate cover

Mail Documents to: Florida Youth Challenge Academy
Attn: RPM – Admissions Dept.
5629 State Road 16 West, Bldg. 3800
Starke, FL 32091

Or Fax to: 904-559-1768

Florida Youth Challenge Academy

5629 State Road 16 West, Building 3800

Starke, Florida 32091

Mentoring Office: (904) 559-1726 ext. 4028, 4017, 4018, 4019, 4031 or 4049

Fax: (904) 559-1768

http:// www.floridayouthchallengeacademy.org



Mentor Application Form

Name of Cadet to Mentor: _____

Relationship to Cadet: _____ **Yrs Known** _____

Mentor's Last Name: _____ **JR SR I II III**

First Name: _____ **Middle Name:** _____

Gender (Circle One): Male Female

Ethnicity (Circle One)*: American Indian/Alaskan Asian/Pacific Islander

Black not of Hispanic Origin Hispanic Multiracial Other

White not of Hispanic Origin

Marital Status: Married Divorced Single Widowed

Date of Birth: _____ **Age:** _____ **Place of Birth:** _____

Social Security Number _____ - _____ - _____ **Length of time lived in Florida:** _____

Driver's License Number: _____

State: _____ **Expiration Date:** _____

Spouse's Name: _____ **Number of Children:** _____

Miscellaneous

Do you have your own transportation? Yes No

Automobile Insurance Company: _____

If no, do you have access to transportation? Yes No

Have you ever been involved in, investigated for, arrested and/or convicted of a crime?

No Yes **If yes, please explain:**

(Mandatory to request a 5 year back Criminal Record Check from your Local Police Station)

Florida Youth Challenge Academy

Name of Cadet: _____

Mentor Employment Information

Occupation: _____

Organization/Company: _____

Phone number: (____) ____ - ____ ext. ____ Fax Number: (____) ____ - ____

Employment Status (Circle One): Full-time Part-time
Volunteer Retired Unemployed

How long have you been employed there? _____

Mentor Home Address Information

Home Phone: (____) ____ - ____

E-mail: _____ Fax: (____) ____ - ____

Cell Phone: (____) ____ - ____ Pager: (____) ____ - ____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM AND AM IN GOOD HEALTH. I AM NOT, NOR WILL I BE, DRUG OR ALCOHOL DEPENDENT DURING MY MENTORSHIP. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES TO MY APPLICATION INFORMATION TO THE YOUTH CHALLENGE ACADEMY.

Applicant's Signature

Date

Florida Youth Challenge Academy

Name of Cadet: _____

Mentor Liability Release Authorization and Consent For Release Of Information

I understand and agree that I will be the one actually spending time with my matched cadet and that I must exercise care in supervising my cadet while we are together. I also understand and agree that I am not a Florida Youth Challenge Academy agent. I am responsible for choosing and conducting all activities with my cadet, and that the Florida Challenge Academy does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Florida.

I therefore agree that the Florida Youth Challenge Academy will not be liable and I agree to hold the Florida Youth Challenge Academy harmless from any and all liability causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Florida Youth Challenge Academy's negligence or otherwise.

I further release the Florida Youth Challenge Academy from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of the Florida Youth Academy, its officers, agents, servants, employees or otherwise.

I hereby authorize the Florida Youth Challenge Academy, along with the law enforcement departments, Florida Department of Military Affairs, the National Guard Bureau and Clay County District School System, to conduct whatever background search and any other reporting for tracking data that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Florida Youth Challenge Academy.

I fully understand that the information collected may be of a sensitive, confidential and privileged nature, and may reflect upon my suitability, I hereby release the Florida Youth Challenge Academy and its agents from the liability and damage that may result from the exchange of requested information between law enforcement department and the Youth Challenge Academy.

SIGNATURE

PRINTED OR TYPED NAME

DATE

(This section to be completed by a Notary Public)

STATE OF FLORIDA, COUNTY OF _____,

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by
_____.

My commission expires: _____

Signature-Notary Public

Florida Youth Challenge Academy, Attn: Admissions Department
5629 State Road 16 West, Building 3800, Starke, FL 32091-9703; FAX (904)559-1768



MENTOR QUESTIONNAIRE

Your name: _____

Candidate's name: _____

Your phone number: _____ email: _____

Why do you want to be a mentor?

What do you feel that you have to offer to the Cadet?

How would you support and help the cadet if a problem arises and he/she asks you for your help?

What do you feel your strengths are to mentor the cadet?

**Florida Youth Challenge Academy, Attn: Admissions Department
5629 State Road 16 West, Building 3800, Starke, FL 32091-9703; FAX (904)559-1768**

2 References: Next of Kin (not living in the same household), Friend, Co-Worker, Etc.

Name: _____ Relationship: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____

To become a mentor, you must attend mentor training at Camp Blanding, from 8:00 A.M. – 3:00 P.M. Mentor training is mandatory. If you do not attend the training, the youth will not be matched and he/she may not graduate from the program. Training dates will be forwarded under separate cover. I agree to attend a one day mentor training session at the Florida Youth Challenge Academy. _____ Yes or _____ No

As a mentor you are required to write to your mentee once a week while they are at the academy. You are required to have a minimum of 4 contacts per month with your mentee during the 12-month post residential phase. You are required to report information to the case manager each month. Do you understand these commitments? _____ Yes _____ No

In order to graduate, each cadet must be placed in school, the military, or have employment, or, a combination of the above. Are you willing to help them locate resources while they are here at the academy and when they return to their community? _____ Yes _____ No

**Would you like to be placed in a mentor pool for future classes? If a potential cadet is in need of a mentor, we will search the mentor pool for mentors who fit their criteria, including gender and geographical location. If you are a prospective match for a youth in your area, we will contact you to determine your interest and availability.
_____ Yes _____ No**

Signature

Date



Florida Youth Challenge Academy
5629 State Road 16 West Bldg 3800
Starke, Florida 32091
(904) 559-1726 ext. 4028



PURPOSE: This form is to be completed by the mentor's references. You need two (2) of these written references and they should be submitted concurrently with your application.

NAME OF THE CANDIDATE TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

_____ is applying to be a mentor for a student attending the
 (Mentor Applicant)

Florida Youth Challenge Academy. In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 904-682-4028 or 1-866-276-9304.

How long have you known the mentor applicant? _____ Years _____ Months

What is your relationship to the applicant? _____

As far as you know does the mentor applicant have a good home environment? Yes No

Does the mentor applicant work well with others? Yes No

Does the mentor applicant have a tendency to over-commit/get to involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reachable (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant as a good choice to work with teens? Yes No

Signature: _____ Date: _____

Address: _____ Telephone: _____

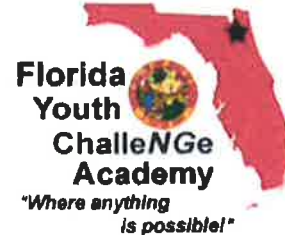
You can either return this form to mentor applicant or send it directly to the address at the top of the page Attn: Admissions

Candidates Last Name: _____

(Please Print)



Florida Youth Challenge Academy
5629 State Road 16 West Bldg 3800
Starke, Florida 32091
(904) 559-1729 ext. 4028



PURPOSE: This form is to be completed by the mentor's references. You need two (2) of these written references and they should be submitted concurrently with your application.

NAME OF THE CANDIDATE TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

_____ is applying to be a mentor for a student attending the
 (Mentor Applicant)

Florida Youth Challenge Academy. In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 904-682-4028 or 1-866-276-9304.

How long have you known the mentor applicant? _____ Years _____ Months

What is your relationship to the applicant? _____

As far as you know does the mentor applicant have a good home environment? Yes No

Does the mentor applicant work well with others? Yes No

Does the mentor applicant have a tendency to over-commit/get to involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

Excellent Good Average Poor Unknown

Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reachable (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant as a good choice to work with teens? Yes No

Signature: _____ Date: _____

Address: _____ Telephone: _____

You can either return this form to mentor applicant or send it directly to the address at the top of the page Attn: Admissions

Candidates Last Name: _____

(Please Print)

CONFIDENTIAL
 DEPARTMENT OF JUVENILE JUSTICE - OFFICE OF THE INSPECTOR GENERAL
 BACKGROUND SCREENING UNIT
REQUEST FOR CLEARINGHOUSE SCREENING
INITIAL SCREENING, AGENCY REVIEW AND RESUBMISSIONS
FOR PROVIDER VOLUNTEERS

Detention Residential Probation Prevention Research

Other Mentor/Volunteer

Check this box if applicant is or was a Florida law enforcement officer or a certified officer with the Department of Corrections

A. Last Name _____	First Name _____	Full Middle Name _____	Maiden/Alias _____
Social Security #: _____	Race/Sex: _____	DOB: _____	Screening Request ID# _____
Driver's License #: _____	Email Address: _____		

B. TO BE COMPLETED BY REQUESTOR		
Pauline Tanner	904-682-4028	904-559-1768
Requestor's Name (Contact Person)	Telephone Number & Ext. #	Fax Telephone Number
Florida Youth Challenge Academy	Email Address:	
Office/Facility/Program Name	<u> ptanner@flyca.info </u>	

BSU FAX: 850.717.2678 or 850.921.6348 * EMAIL: Generalbsu@djj.state.fl.us

C. FOR BSU PERSONNEL USE ONLY						
<i>Providers must check the Clearinghouse Portal for results and click the "Public Rep Sheet" button to view the applicant's Florida criminal history.</i>						
Apply for EXEMPTION	Applicant CAN <input type="checkbox"/>	Applicant CANNOT <input type="checkbox"/>				
DHSMV records can be check by visiting http://www.hsmv.state.fl.us .						
Eligibility Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible						
Florida Criminal Record:	<input type="checkbox"/> Yes (Attached)	<input type="checkbox"/> No				
Judicial Inquiry System:	<input type="checkbox"/> Yes (Attached)	<input type="checkbox"/> No				
Subject of DJJ Reportable Incident:	<input type="checkbox"/> Yes (Attached)	<input type="checkbox"/> No				
Automated Training Management System:	<input type="checkbox"/> Yes (Attached)	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
COMMENTS:						
Signature of Screener: _____					Date: _____	
Signature of Reviewer: _____					Date: _____	

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT**

**CRIMINAL HISTORY ACKNOWLEDGEMENT AND PRISON RAPE ELIMINATION ACT
(PREA) COMPLIANCE FORM**

(print applicant's name), as an applicant for employment or volunteer with,
Florida Youth Challenge Academy _____
(print program name), which may include responsibilities as a caretaker and/or direct
contact staff, I certify that I meet the requirements for employment as caretaker, as required by Federal and Florida Statutes and
rules, in that:

- A. In accordance with the Prison Rape Elimination Act (PREA) (115.317) we are unable to employ or utilize as a volunteer individuals who have (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other Institution (as defined in 42 U.S. C. 1997); (2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) been civilly or administratively adjudicated to have engaged in the activity described in (1-3) of this section.
- 1 Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 - a) Yes
 - b) No
 - 2 Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 - a) Yes
 - b) No
 - 3 Have you been civilly or administratively adjudicated to have engaged in the activity described in questions one and two above?
 - a) Yes
 - b) No

I have read the above *carefully* and certify that the information is true and correct. I understand that it is my responsibility to obtain clarification on anything contained in this section that I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from consideration as an employee or volunteer and, *if I am hired or being utilized as a volunteer, may be grounds for termination at a later date.*

APPLICANT SIGNATURE and DATE

WITNESS SIGNATURE and DATE

B. This section is used to determine if the applicant or employee has a criminal offense(s) that would disqualify him or her from employment or to be used as a volunteer. *(Note: If the applicant or employee was previously granted an exemption from the Department for a disqualifying offense, attach a copy of the exemption letter.)*

1. In accordance with Florida Statutes 435.04, 985.644 and 985.66, I acknowledge the following:

- 1) I have not been judicially determined to have committed abuse or neglect against a child as defined in s.39.01.
- 2) I have not committed an act which constitutes domestic violence as defined in Sections 741.28 and 741.30 (domestic violence is defined as any crime of violence against a family/household member, including assault and battery).
- 3) I have not been found **guilty, regardless of whether adjudication was imposed or withheld**, of any of the offenses listed below, or of any similar offense in another jurisdiction. This statement does not apply to juvenile records that are **sealed or expunged**.
- 4) I have not entered a plea of **guilty** or **nolo contendere (no contest)**, or had the court enter such a plea, to any of the offenses listed below, or to any similar offense in another jurisdiction. This statement does not apply to juvenile records that are **sealed or expunged**.
- 5) I have not entered a plea of **nolo contendere (no contest)**, or other plea amounting to an **admission of guilt**, to a petition alleging delinquency under Florida Statutes, or under a similar statute of another jurisdiction for any of the offenses listed below, **regardless of whether adjudication was imposed or withheld and regardless of disposition**. This statement does not apply to juvenile records that are **sealed or expunged**.
- 6) I do not have a **delinquency** record that is similar to any of the offenses listed below.

2. I understand that I must **immediately notify my employer of any possible disqualifying offenses**, which may occur while employed or volunteering in a caretaker and/or direct contact position. Failure to do so could be grounds for termination.

3. The statements referenced in this section are related to the following Florida Statutes. Circle the number next to the offense(s) that may appear in your criminal record:

1. **393.135** relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
2. **394.4593** relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
3. **415.111** relating to adult abuse, neglect, or exploitation of aged person or disabled adults
4. **741** relating to domestic violence as defined in Sections 741.28 and 741.30 (any crime of violence against a family/household member, including assault and battery).
5. **777.04** relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection
6. **782.04** relating to murder
7. **782.07** relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
8. **782.071** relating to vehicular homicide
9. **782.09** relating to killing of an unborn child by injury to the mother
10. **784** relating to assault, battery, and culpable negligence, if the offense was a felony.
11. **784.011** relating to assault, if the victim of the offense was a minor
12. **784.021** relating to aggravated assault
13. **784.03** relating to battery, if the victim of the offense was a minor
14. **784.045** relating to aggravated battery
15. **784.07** relating to assault or battery of law enforcement officers, Fire fighters, emergency medical care providers, public transit

- employees or agents, or other specified officers
16. **784.075** relating to battery on a detention or commitment facility staff
 17. **787.01** relating to kidnapping
 18. **787.02** relating to false imprisonment
 19. **787.025** relating to luring or enticing a child.
 20. **787.04(2)** relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
 21. **787.04(3)** relation to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
 22. **790.115(1)** relating to exhibiting firearms or weapons within 1,000 feet of a School
 23. **790.115(2)(b)** relating to possessing an electric weapon or device, destructive device, or other weapon on school property
 24. **794.011** relating to sexual battery
 25. **794.041** relating to prohibited acts of persons in familial or custodial authority
 26. **794.05** relating to unlawful sexual activity with certain minors.
 27. **796** relating to prostitution
 28. **798.02** relating to lewd and lascivious behavior
 29. **800** relating to lewdness and indecent exposure
 30. **806.01** relating to arson
 31. **810.02** relating to burglary
 32. **810.14** relating to voyeurism, if the offense is a felony.
 31. **810.145** relating to video voyeurism, if the offense is a felony.
 32. **812** relating to theft, robbery and related crimes, if the offense was a felony
 33. **817.563** relating to fraudulent sale of controlled substances, only if the offense was a felony
 34. **817.568** relating to criminal use of personal identification information
 35. **825.102** relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult
 36. **825.1025** relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
 37. **825.103** relating to exploitation of an elderly person or disabled adult, if the offense was a felony
 38. **826.04** relating to incest
 39. **827.03** relating to child abuse, aggravated child abuse, or neglect of a child
 40. **827.04** relating to contributing to the delinquency or dependency of a child
 41. **827.05** relating to negligent treatment of children
 42. **827.071** relating to sexual performance by a child
 43. **837.012** relating to perjury when not in an official proceeding
 44. **837.05** relating to false reports to law enforcement authorities*
 45. **837.055** relating to false information to law enforcement during investigation*
 46. **837.06** relating to false official statements* (**Note: Any person who pled nolo contendere to a misdemeanor involving a false statement before October 1, 1999, and who has had that record sealed or expunged is not disqualified for employment.*)
 47. **843.01** relating to resisting arrest with violence
 48. **843.025** relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
 49. **843.12** relating to aiding in an escape
 50. **843.13** relating to aiding in the escape of juvenile inmates in correctional institutions
 51. **847** relating to obscene literature
 52. **874.05** relating to encouraging or recruiting another to join a criminal gang
 53. **893** relating to drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor (this

includes charges of possession of controlled substances, the sale of controlled substances, intent to sell controlled substances, trafficking in controlled substances, and possession of drug paraphernalia, etc.)

- 54. **916.1075** relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct
- 55. **944.35(3)** relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
- 56. **944.40** relating to escape
- 57. **944.46** relating to harboring, concealing, or aiding an escaped prisoner
- 58. **944.47** relating to introduction of contraband into a correctional facility
- 59. **985.701** relating to sexual misconduct in juvenile justice programs
- 60. **985.711** relating to contraband introduced into detention facilities

Comment: _____



Mobile Fingerprints

Voice 800-711-4916
 Fax 800-711-5241
 Email info@mobilefingerprints.com

ALL information is required in order to transmit fingerprints to FDLE/FBI

PLEASE PRINT LEGIBLY TO ENSURE CORRECT INFO IS SUBMITTED TO FDLE

Last Name _____

First Name _____

Date of Birth _____ (YYYYMMDD)

Gender _____ (Male or Female)

Height _____

Weight _____

Eye Color _____

Hair Color _____

Place of Birth _____ (State or Country if outside U.S.)

Race _____ A-Asian B-Black I-Native American/Alaska Native W-White U-Unknown

Social Security # _____

Contact Phone: _____

Current Mailing Address:
(City, State, and Zip) _____

Organization/Employer Name _____

ORI # (Controlling Agency) _____

OCA # (As Needed) _____

Screen ID (AHCA Transaction Only) _____

Reason for Fingerprinting _____

Mobile Representative Only

TCN:	_____
Date Scanned:	_____
Date Submitted:	_____