Mentor Application

To apply to be a mentor you must
Be same gender as cadet & 23 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: Available Upon Request
Mentor Coordinator/Case Managers: (904) 682-4028 or ext. 4017, 4018, 4019, 4031 or 4049
Web-site: www.floridayouthchallengeacademy.org

Revision 5-28-20
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 23 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 four (4) contacts by phone, mail, email, face-to-face, etc. with your Cadet after they complete the Residential portion of the program
- Mail, email or fill out online 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, 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 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 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.
Florida Youth Challenge Academy
Mentor Document Checklist

Candidate’s Name: ____________________________

Mentor’s Name: ____________________________
Address: __________________________________
City: ___________________ State: _______ Zip: ___________________
Email: ________________________________

Home Phone # ___________________ Cell Phone # ________________

Send Highlighted Items Only

INITIAL MENTOR APPLICATION DOCUMENTS:

_____ Copy of Driver License (Mail/Email clear copy do not fax)
_____ Copy of Social Security Card or Copy of Previous Year’s W2 (Mail/Email clear copy do not fax)
_____ Local County Police Record Check (Mandatory to request a 5 year back Criminal Record Check from your Local Police Station)
_____ Request for Clearing House Screening Form
_____ 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

Email to: admissions@flyca.info

Or Fax to: Available Upon Request
Mentor Application Form

Name of Cadet to Mentor: __________________________

Relationship to Cadet: _________________________ Yrs Known _______

Mentor’s Last Name: ___________________________ Suffix: _________________________
First Name: ___________________________ Middle Name: ___________________________

Gender (Check One):  □ Male  □ Female

Ethnicity (Check 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 (Check 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 date 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
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

2References: 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) 682-4028

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:

Character
Morals
Compassion
Completes Commitments
Emotional Stability
Reachable (returns calls, emails, etc.)

Excellent Good Average Poor Unknown

□□□□□□□□□□
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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)
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 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:

Character
Morals
Compassion
Completes Commitments
Emotional Stability
Reachable (returns calls, emails, etc.)

Excellent Good Average Poor Unknown

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

☐ Check this box if the applicant is or was a Florida law enforcement officer or 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 Number
Florida Youth Challenge Academy
Office/Facility/Program Name

Email Address: ptanner@flyca.info

C. FOR BSU PERSONNEL USE ONLY

Providers must check the Clearinghouse Portal for Results and click the “Public Rap Sheet” button to view the applicant’s Florida criminal record.

Apply for EXEMPTION  Applicant CAN ☐  Applicant CANNOT ☐

DHSMV records can be check by visiting http://www.hsmv.state.fl.us.

Eligibility Determination: ☐ Eligible  ☐ Not Eligible

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<th>Florida Criminal Record:</th>
<th>☐ Yes (Attached)</th>
<th>☐ No</th>
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<tr>
<td>Judicial Inquiry System:</td>
<td>☐ Yes (See Applicant)</td>
<td>☐ No</td>
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<tr>
<td>Hot File:</td>
<td>☐ Yes (See Applicant)</td>
<td>☐ No</td>
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<tr>
<td>Warrant-Probation</td>
<td>*</td>
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<tr>
<td>Hot File –Identified Risk:</td>
<td>☐ Yes (See Rap Sheet)</td>
<td>☐ No</td>
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<tr>
<td>Violent Felony-Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator</td>
<td>*</td>
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<tr>
<td>Subject of DJJ Reportable Incident;</td>
<td>☐ Yes (Attached)</td>
<td>☐ No</td>
</tr>
<tr>
<td>Automated Training Management System (ATMS):</td>
<td>☐ Yes (Attached)</td>
<td>☐ No</td>
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N/A

COMMENTS:

Signature of Screener: __________________________ Date: __________________________

Signature of Reviewer: __________________________ Date: __________________________
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

B. In accordance with Section 435.07(4)b we are unable to employ or utilize as a volunteer individuals who have been designated (1) a sexual predator as designated pursuant to s. 775.21; (2) a career offender pursuant to s. 775.261; or (3) a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

1  Have you been designated a sexual predator, career offender or sexual offender?
   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 may be grounds for termination at a later date, if I am hired or being utilized as a volunteer.

__________________________________________
APPLICANT SIGNATURE and DATE

__________________________________________
WITNESS SIGNATURE and DATE
Below is a list of offense that will disqualify an applicant, volunteer or current employee. This information is provided to help the hiring authority determine if the individual has a criminal offense(s) that would disqualify him or her from employment or use as a volunteer. (Note: If the individual 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, the following will disqualify an individual from employment or as a volunteer:
   1) Being judicially determined to have committed abuse or neglect against a child as defined in s.39.01.
   2) Committing 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) Being 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) Entering 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) Entering 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) Having a delinquency record that is similar to any of the offenses listed below.

2. The bold numbers listed below are located in Chapters 435.04, 985.644 and 985.66 of the Florida Statutes, and the statement next to each number describes the related offense. 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 (F.S.784).
13. 784.03 relating to battery, if the victim of the offense was a minor.
14. 784.045 relating to aggravated battery (F.S.784).
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 (F.S.985.644).
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 (F.S.985.644).
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. 827.07 relating to sexual performance by a child.
43. 837.012 relating to perjury when not in an official proceeding* (F.S.985.66).
44. 837.05 relating to false reports to law enforcement authorities* (F.S.985.66).
45. 837.055 relating to false information to law enforcement during investigation* (F.S.985.66).
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.) (F.S. 985.66)
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, only 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:
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**

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<th>TCN:</th>
<th>Date Scanned:</th>
<th>Date Submitted:</th>
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