

# 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



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](http://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 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, ect. 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.

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

**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

# Florida Youth Challenge Academy

5629 State Road 16 West, Building 3800

Starke, Florida 32091

Mentoring Office: (904) 682-4028 or ext. 4017, 4018, 4019, 4031 or 4049

Fax: Available Upon Request

http:// [www.floridayouthchallengeacademy.org](http://www.floridayouthchallengeacademy.org)



## 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):  
 Volunteer       Full-time       Part-time  
 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

Florida Youth Challenge Academy, Attn: Admissions Department  
5629 State Road 16 West, Building 3800, Starke, FL 32091-9703



**MENTOR QUESTIONNAIRE**

Your name: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

Your phone number: \_\_\_\_\_ email: \_\_\_\_\_

**Why do you want to be a mentor?**

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

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

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

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**Florida Youth Challenge Academy, Attn: Admissions Department  
5629 State Road 16 West, Building 3800, Starke, FL 32091-9703**

**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) 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:

|   | 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) 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.**

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NAME OF MENTOR APPLICANT: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

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 (Mentor Applicant)

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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 \_\_\_\_\_

*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   |
| <b>Florida Youth Challenge Academy</b> | Email Address: _____      |              |
| Office/Facility/Program Name           | 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**

|  |                          |                     |                          |    |                                 |
|--|--------------------------|---------------------|--------------------------|----|---------------------------------|
| Florida Criminal Record:   | <input type="checkbox"/> | Yes (Attached)      | <input type="checkbox"/> | No |                                 |
| Judicial Inquiry System:   | <input type="checkbox"/> | Yes (See Applicant) | <input type="checkbox"/> | No |                                 |
| <b>Hot File:</b><br>* Warrant-Protection Order-Probation   | <input type="checkbox"/> | Yes (See Applicant) | <input type="checkbox"/> | No |                                 |
| <b>Hot File –Identified Risk:</b><br>* Violent Felony Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator | <input type="checkbox"/> | Yes (See Rap Sheet) | <input type="checkbox"/> | No |                                 |
| Subject of DJJ Reportable Incident:  | <input type="checkbox"/> | Yes (Attached)      | <input type="checkbox"/> | No |                                 |
| Automated Training Management System (ATMS):   | <input type="checkbox"/> | Yes (Attached)      | <input type="checkbox"/> | No | <input type="checkbox"/><br>N/A |

**COMMENTS:**

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**Signature of Screener:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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

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

C.

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. **827.071** 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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: | _____ |