

**CONFIDENTIAL**  
 DEPARTMENT OF JUVENILE JUSTICE  
 REQUEST FOR **CLEARINGHOUSE** SCREENING  
 FOR PROVIDER **VOLUNTEER**

Detention     Residential     Probation     Prevention     Research     Other \_\_\_\_\_

**Check one of the screening types below**

Initial Screening     Provider Share     Agency Review     Resubmission     Renewal

**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>B. TO BE COMPLETED BY REQUESTOR</b>		
Requestor's Name (Contact Person) _____	Telephone Number & Ext. # _____	Fax Number _____
Office/Facility/Program Name _____	Email Address (write legibly or type) _____	

<p><b>C. FOR BSU PERSONNEL USE ONLY (Do not write below this line)</b></p> <p><i>Providers must check the Clearinghouse Portal for Results and click the "Public Rap Sheet" button to view the applicant's Florida criminal record. The BSU will fax or e-mail the Public Rap Sheet to the provider when the screening type is Provider Share.</i></p>
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Apply for **EXEMPTION**    Applicant **CAN**     Applicant **CANNOT**  Until \_\_\_\_\_

DHSMV records can be check by visiting <a href="http://www.hsmv.state.fl.us">http://www.hsmv.state.fl.us</a> .	
<b>Eligibility Determination:</b>	<input type="checkbox"/> <b>Eligible</b> <input type="checkbox"/> <b>Not Eligible</b>

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> *Warrant-Protection Order-Probation		<input type="checkbox"/>	Yes (See Applicant)		<input type="checkbox"/>	No
<b>Hot File –Identified Risk:</b> *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"/> N/A

**COMMENTS:**

Signature of Screener: _____	Date: _____
Signature of Reviewer: _____	Date: _____