



**Hawaii  
Criminal Justice  
Data Center**

**VECHS Qualified Entity Application**  
**Hawaii Volunteers & Employee Criminal History Service (VECHS)**  
Pursuant to the National Child Protection Act,  
P. L. 103-209, as amended, and Section 846-2.7(c), HRS

Entity Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street No. Street Suite City State Zip)

Physical Address: \_\_\_\_\_  
(Street No. Street Suite City State Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Director/Head of Entity: \_\_\_\_\_ Email: \_\_\_\_\_

VECHS Point of Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Entity Type :

☐ Public ☐ Private, For Profit ☐ Private, Non-Profit\*

\*§5-24-3, Hawaii Administrative Rules provides for an exemption from State Criminal History Record Check fees for non-profit charitable organizations that are tax exempt under Internal Revenue Code section 501(c)(3) on adult volunteers who have direct contact with minors, the elderly, or the disabled. Please attach a copy of the Letter of Determination from the Internal Revenue Service if your agency qualifies for this exemption from the State Criminal History Record Check fee.

Type of services provided: (Check all that apply)

☐ Care or Treatment ☐ Education, Training or Instruction ☐ Supervision ☐ Recreation ☐ Care Placement

Type of persons for which services checked above are provided: (Check all that apply)

☐ Children (persons less than 18 years old)  
☐ Vulnerable Adults (persons 60 years of age or older)  
☐ Individuals with Disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks)

Please describe in detail the services your entity provides that would qualify your entity under VECHS. Please indicate what category of persons (applicants for licensure or employment, employees, and/or volunteers) will be background checked. Attach additional sheet(s) if necessary.

Are you currently **required by law** to obtain state and national criminal history record checks on any of your employees and/or volunteers? ☐ No ☐ Yes If yes, what State agency monitors your entity's criminal history record checks?

Please note that entities required by State or Federal law to conduct state and national criminal history record checks under another statutory provision must continue to comply with those statutes. Criminal history record checks required under another statutory provision are not authorized under VECHS.

By signing below, I certify that the above and attached information is accurate to the best of my knowledge. I have read, understand, and agree to the Volunteer & Employee Criminal History System User Agreement for Criminal History Record Information (VECHS User Agreement) and the Fingerprint-Based Background Check Responsibilities for Non-Criminal Justice Agencies and Users Policy. I understand that my entity is not considered a VECHS Qualified Entity until I receive an executed copy of the NCJA User Agreement signed by the Administrator of the Hawaii Criminal Justice Data Center.

Signature of Director/Head of Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed VECHS Qualified Entity Application and VECHS User Agreement to the address below.

**Hawaii Criminal Justice Data Center**  
**Attn: VECHS**  
**465 S. King Street, Room 102**  
**Honolulu, HI 96813**

**HCJDC Use Only:**

Approved: ☐ Yes ☐ No Date: \_\_\_\_\_

S-ORI: \_\_\_\_\_ OCA: \_\_\_\_\_