



**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)

Director/Head of Entity: _____ Email: _____ Phone: _____

VECHS Point of Contact: _____ Email: _____ Phone: _____

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 individuals with disabilities**. To receive the exemption from fees, a copy of the Letter of Determination indicating your entity's 501(c)(3) status from the Internal Revenue Service must be attached to this form.

Type of services provided to minors, vulnerable adults and/or individuals with disabilities: (Check all that apply)

Type of person(s) receiving service:	Care or treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement
Minors (persons less than 18 years old)					
Vulnerable Adults (persons 60 years or older)					
Individuals with Disabilities (persons with 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. Continue on next page, 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 government agency requires your entity to criminal history record checks? _____

Does the regulating agency require that **all** employees or volunteers who provide services to minors, vulnerable adults or individuals with disabilities obtain a state and national criminal history record check? No Yes

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 Criminal History Record Checks for Non-Criminal Justice Purposes Policy and Manual. I understand that my entity is not considered a VECHS Qualified Entity until I receive an executed copy of the VECHS 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 signed VECHS User Agreement to:
Hawaii Criminal Justice Data Center, Attn: VECHS, 465 S. King Street, Room 102, Honolulu, HI 96813

Additional space to 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. Attached separate pages if necessary.