

**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 \_\_\_\_\_

**Check this box if applicant is or was a Florida law enforcement officer or a certified officer with the Department of Corrections**

A. Last Name _____	First Name _____	Full Middle Name _____	Maiden/Alias _____
Social Security #: _____	Race: _____	Sex: _____	<b>Screening Request ID#</b>
Driver's License #: _____	Email Address: _____		

<b>B. TO BE COMPLETED BY REQUESTOR</b>		
Requestor's Name (Contact Person) _____	Telephone Number & Ext. # _____	Fax Telephone Number _____
Office/Facility/Program Name _____	Email Address _____	Agency Hire Date _____

<b>C. FOR BSU PERSONNEL USE ONLY</b> <i>Providers must check the Clearinghouse Portal for Results</i>						
This Applicant CAN	<input type="checkbox"/>	CANNOT	<input type="checkbox"/>	Apply for an Exemption Hearing		
DHSMV records can be check by visiting <a href="http://www.hsmv.state.fl.us">http://www.hsmv.state.fl.us</a> .						
Eligibility Determination: <input type="checkbox"/> Eligible <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 (Attached)	<input type="checkbox"/>	No		
Substantiated Reportable Incident:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<b>The next 5-Year Resubmission must be completed by:</b>	
Automated Training Management System:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<input type="checkbox"/> N/A	
<b>COMMENTS:</b>						
<b>Signature of Screener:</b>				<b>Date:</b>		
<b>Signature of Reviewer:</b>				<b>Date:</b>		