



One Church, One Child  
of Florida, Inc.

Check One:  New Application for background check  
 Annual Renewal  
 Other \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT BEING SCREENED. PLEASE PRINT LEGIBLY OR TYPE. ALL INFORMATION MUST BE COMPLETED. \*\*\*DO NOT LIST FOSTER CHILDREN\*\***

	Last	First	Middle	Maiden	Race	Sex	DOB	Social Security Number
Applicant								
Spouse and Children								
or Other Household Members								

**PROVIDE CURRENT ADDRESS AS WELL AS PREVIOUS FLORIDA RESIDENCE FOR THE LAST FIVE (5) YEARS.**

1. Applicant's current address	Street	City	Zip Code	County	Dates of Residence
2. Previous Residence					
3. Previous Residence					

**PLEASE MARK BLOCK WHICH BEST DESCRIBES APPLICANT WHOSE RECORD IS TO BE CHECKED**

I (We) hereby give consent for One Church, One Child of Florida to conduct a check report of abuse, neglect, or exploitation on record concerning me, as I am seeking to be an employee or volunteer working with children, disabled adults, or elderly persons. I am an applicant for licensure or approval in programs caring for children, or in accordance with Chapter 39.202(2)(a), Florida Statutes. I am seeking to be an employee or volunteer working with disabled adults or elderly persons.

Applicant Signature	Date	Current Phone Number	Spouse's Signature	Date
<u>Foster Homes</u> <input type="checkbox"/> Household Member <input type="checkbox"/> Sitter/Relief  <u>Day Care Facility</u> <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Onsite/Director		<u>Child Caring/Placing</u> <input type="checkbox"/> Director <input type="checkbox"/> Foster Home <input type="checkbox"/> Adoptive Home	<u>Family Day Care Home</u> <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Substitute <input type="checkbox"/> Registered <input type="checkbox"/> Licensed	
Facility Name: Licensing Office Department of Children and Families		Telephone Number (950) 922-0408	County in which located	
Facility Street Address 2639 N. Monroe Street		City Zip Code Tallahassee, 32399-2949	Applicant's Date of Employment	

I agree to keep confidential all information received as a result of background checks conducted as required by Florida Statutes. I understand that release of this information to unauthorized persons is prohibited by law.

Facility ID No. \_\_\_\_\_  
Signature of requesting OCOC Employee/Agent \_\_\_\_\_ Date \_\_\_\_\_

Name Searches (CI0085, variations C10089)  Social Security Search (CI1130, CI1150, or print CI1160)  
 Address Search ( Review Attached Reports (cl1235, list below)

\_\_\_\_\_  
\_\_\_\_\_  
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