



MoVECHS Qualified Entity Application

Missouri Volunteer and Employee Criminal History Service (MoVECHS)
For Criminal History Record Checks under the National Child Protection Act of 1993, as amended by
the Volunteers for Children Act (VCA)

Business/Organization Name:					
Charter Number (License Number):				County:	
Physical Operating Address in Missouri:					
Main Corporate/Organization Physical Address:					
Mailing Address:					
Business Phone:			Fax:		
Name of Business/Organization Head:				Title:	
Name of Contact Person:				Title:	
Contact Phone:			Email Address:		
Legal Type of Entity (Select One): <input type="checkbox"/> Governmental (Public) <input type="checkbox"/> Private - Non Profit <input type="checkbox"/> Private - Profit					
Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled. Note: A "child" is a dependent, unmarried person who is under eighteen years of age. An "elderly person" is a person who is sixty years of age or older. A "disabled person" is one who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that the person lacks ability to manage his financial resources, including a partially disabled person who lacks the ability, in part, to manage his financial resources.					
Type of Person(s)	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement
Child					
Elderly					
Disabled					
Entity Mission Statement/Summary of Type of Services Your Business/Organization Provides – Please describe the services your entity provides that would qualify your entity to receive state and federal criminal history record checks under this program and the applicable laws:					
(Contractors or vendors may be checked through the MoVECHS program if they have or may have unsupervised access to the children, elderly, or disabled persons for whom a qualified entity provides care.)					
Number of Current Employees:		_____		Number of Current Volunteers: _____	
Number of Expected New Employees During the Next 12 Months:		_____		Number of Expected New Volunteers During the Next 12 Months: _____	
PLEASE NOTE: Entities that are required to obtain State and Federal criminal history checks <u>under other statutory provisions</u> , on all or specific employees/volunteers, must continue to comply with those statutes and the procedures that specifically apply to them. Requests for these required criminal history record checks may not be processed through the MoVECHS program, pursuant to Federal and State law.					
Signature of Business Entity Head:				Date:	
A completed application with a copy of current Missouri business license should be mailed to: Missouri State Highway Patrol Criminal Records and Identification Division Attn: MoVECHS Program P. O. Box 9500 Jefferson City, MO 65102-9500 (573) 526-6345					
MSHP USE ONLY					
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			Agency Number:		