



SNI Adult Fingerprinting Process

Please follow ALL the steps below.

Complete and send both the attached waivers on pages 2 and 3 of this document.

Step 1: Schedule an appointment via phone or internet.

Telephone:

Call 888 859 4356 to set up an appointment or use <https://fl.ibtfingerprint.com/>

Internet:

- a. Enter address on browser
- b. Hit the splash page and enter your name
- c. Chooses agency name: VECHS – Volunteer & Employee Criminal History Session
- d. Choose Volunteer or Employee: Select Volunteer
- e. Enter your Qualified Entity Number: 52040090
- f. Enter your zip code: A local option should pop up
- g. Select a time for your appointment
- h. Verify Information
- i. Select payment method: \$54.70 as of 9/5/2018

Step 2: Attend your appointment.

Bring Required Documentation:

Driver's License or Passport & Social Security Card

Step 3: Complete the waivers.

Page 2 and 3 of this document contain waivers that you MUST fill out and send to the number listed on the bottom of the waivers prior to your fingerprinting appointment. This is an important step for our recordkeeping, and it is required by our agreement with the FDLE. The preferred method is to scan the document (or take a photo in which the words are all legible) and to send it via email. You are asked for a witness. This can be any witness having watched you sign and does not need to be notarized.

(Waivers continued on Page 2 AND 3.)

FULL NAME: _____ CHAPTER: _____

SCUBAnauts International, Inc.

BACKGROUND INVESTIGATION CONSENT AND ADVANCE WAIVER AGREEMENT

The undersigned hereby acknowledges and agrees that SCUBANAUTS INTERNATIONAL FOUNDATION, SCUBANAUTS INTERNATIONAL, LLC, and _____ CHAPTER OF SNI, INC. (collectively, "SNI"), and its duly authorized representatives, may conduct background investigations on me, the undersigned, from time to time, for the purpose of ensuring the undersigned's background is suitable for the unsupervised access to children, the transportation of children in land or marine vehicles, and other similar purposes.

The undersigned hereby authorizes SNI to furnish information (including without limitation the undersigned's name, alias, fingerprints, social security number, driver's license number, and any other biometric, biographical, or personal identification information) about the undersigned to, and to obtain results of investigations about the undersigned from local, state, federal, and international law enforcement agencies, governmental agencies, private investigation firms, and other individuals and entities that SNI chooses to utilize for such purpose, including without limitation the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI), the U.S. Coast Guard, insurance companies, and department of motor vehicles of various jurisdictions. The undersigned agrees that SNI may utilize, but is not required to utilize, background investigation services such as the State of Florida's "Volunteer & Employee Criminal History Systems" (VECHS) for performing criminal history record checks under the NATIONAL CHILD PROTECTION ACT OF 1993, as amended, and Section 943.0542, Florida Statutes. This Background Investigation Consent and Advance Waiver Agreement shall be governed by and construed pursuant to the laws of the State of Florida (notwithstanding any conflicts of law provisions of any jurisdiction to the contrary).

The undersigned hereby waives, discharges, covenants not to sue upon, and otherwise releases SNI, and its duly authorized representatives, in advance from any and all causes of action, damages, injuries, liabilities, obligations, responsibilities, and other claims of any kind (in the broadest sense of those words), whether economic or non-economic, whether presently anticipated or not, which arise out of or is related to furnishing or obtaining information about the undersigned from or to any third party (excluding only claims arising out of or related to SNI's (or an authorized representative's) gross negligence or intentional misconduct).

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Witness: _____

Print Name: _____ Print Name: _____

E-MAIL SCANNED WAIVER TO: KeithKolasa@SCUBAnautsIntl.org

VECHS PRIVATE SCHOOL
APPLICANT WAIVER
AGREEMENT AND
STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize *(enter Name of Qualified Entity)* _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee and/or volunteer.

I understand that a copy of the criminal history record check report you receive on me will be released to the Department of Education (DOE), upon DOE's request.

A national criminal history record check has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer

Signature: _____ Date: _____

Printed Name: _____ Date of birth: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY

Email copy to KeithKolasa@scubanautsintl.org