



SNI Adult Fingerprinting Process

Please follow ALL the steps below.

Complete & send waiver to email listed on page 2 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 of this document contains waivers that you **MUST** fill out and send to the number listed on the bottom of the waiver 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.)

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: KatieShoultz@SCUBAnautsIntl.org