VOLUNTEER FINGERPRINT FEE WAIVER REQUEST

Please note: If you have been fingerprinted as a volunteer by Miami-Dade County Public Schools within the last five (5) years, your fingerprint record may still be valid. Please email schoolvolunteerprogram@dadeschools.net with your name and date of birth to verify.

Volunteer Name: _____ _____
(First) (Last)

Volunteer Email: _____ Volunteer Phone:_____

Please indicate position below: *Descriptions of Level 2 programs can be found at:*
https://www.engagemiamidade.net/community-volunteer-regist

□ **Overnight Chaperone** *must be 21 years or older (school site signature required)*
□ **Physical Education Assistant** *all grade levels (school site signature required)*
□ **District / Region Volunteer** (*district administrator approval required)*
□ **Mentor** (*proof of mentor orientation and training required)*
Name of Mentor Affiliated Organization _____

Prior to scheduling an appointment, this fingerprint waiver must be approved and signed by the principal or work site administrator

Please bring the following to your scheduled appointment:

- Fingerprint Fee Waiver Request signed by school Principal or work site administrator.
- The current government issued photo identification (non-expired driver's license, passport, etc.)
- Social Security Card - In case you are not issued a SSN number, email: schoolvolunteerprogram@dadeschools.net

Schedule an appointment with the Fingerprinting Department by **clicking here** or scanning the QR code. Please **arrive approximately ten minutes before** your appointment time at 1450 NE 2nd Avenue, Room 110 Miami, Florida 33132. Additional information regarding fingerprinting can also be found at **www.engagemiamidade.net/volunteers**

Volunteer Signature _____ _____
Date

Please note you may NOT BEGIN service until you are cleared at Level 2 (L2) and have met the requirements for the position indicated.
Please allow five (5) business days for fingerprint results

To Be Completed by Location Administrator Only

School Site(s) Name: _____

Location# _____ _____ _____
Principal or District Administrator Approval Signature Date