

Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools Alberto M. Carvalho

VOLUNTEER FINGERPRINT FEE WAIVER REQUEST

Miami-Dade County School Board
Perla Tabares Hantman, Chair
Dr. Steve Gallon III, Vice Chair
Dr. Dorothy Bendross-Mindingall
Susie V. Castillo
Dr. Lawrence S. Feldman
Dr. Martin Karp
Dr. Lubby Navarro
Dr. Marta Pérez
Mari Tere Rojas

Please note: If you have been fingerprinted as a volunteer by Miami-Dade County Public Schools within the last five years, your fingerprint record may still be valid. Please call the fingerprint office at (305) 995-7473 or email schoolvolunteerprogram@dadeschools.net with your name and date of birth to verify.

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Volunteer Name:(First)	(Last)	
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School / Volunteer site:	Email	
Please indicate position below: Description	s of Level 2 programs can be found at: www.engagemi	amidade.net
□ Overnight Chaperone <i>must b</i>	pe 21 years or older	
□ Physical Education Assistar	nt all grade levels	
□ District / Region Volunteer <i>D</i>	District Administrator approval required	
. •	equired click here for more information unization	
Prior to scheduling an appointment, this work site administrator	fingerprint waiver must be approved and signed b	by the principal or
Please bring the following to your sched	duled appointment:	
• .	at signed in blue ink by school Principal or work sit noto identification (Non-expired driver's license, pa	
We look forward to your service!		
	Volunteer Signature	Date
Work location #	Principal or District Administrator Approval: (blue ink)	Date

Please note, you may NOT BEGIN service until you are cleared at Level 2 (L2) and have met the requirements for that position indicated.

Please allow (5) business days for fingerprint results.