



SERVICE PROVIDER FORM

DATE: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

FEDERAL ID NUMBER/ LICENSE NUMBER: _____

SERVICES PROVIDING: _____

EMERGENCY CONTACT WITH PHONE NUMBER: _____

PLEASE NOTE: Service Providers must be fingerprinted under the entity number of the Greater Miami Hebrew Academy and successfully pass all background requirements based on the Academy terms. The Service Provider must provide the Academy with a certificate of liability and workman's compensation insurance naming the Greater Miami Hebrew Academy and an additional Insured. Also, Service Provider must submit a copy of their valid certification/license and copy of valid identification. Service Provider also must have parent or guardian sign a consent and release form when applicable. Service Provider will not be allowed to provide any services until all requirements are successfully satisfied.

Consent and Release

I, _____ (herein "Service Provider"), have agreed to provide services to _____ ("Student") at the request of Student's parents on the campus of **Greater Miami Hebrew Academy** ("School"). The services to be provided include: _____

The parents are fully responsible for the full payment of all services being rendered. I will not seek any payment, reimbursement, or other expenses or costs from the School. I will bill the parents directly.

I agree to submit to a criminal background screening through the School before performing any services on campus. I also agree to allow the School to share the results of the criminal background screening with the parents of Student, if requested by parents. I will sign the necessary consent forms for the screening process as requested by the School or its service provider.

I understand that the School is a school that has a duty to ensure the care and safety to the children, employees, and visitors of the School. While on campus, I will ensure that all my interactions are professional and appropriate, including dress, communications, behavior, driving, etc.

I understand that the School may determine in its sole discretion that I may no longer provide services on campus. In such event, I will immediately cease and will provide any remaining services at a location agreed upon by me and parent.

I understand and acknowledge that while I am on campus, I may be privy to confidential information that is important to the School's business. This confidential information includes but is not limited to information relating to methods of instruction, curriculum, curriculum development, proposed changes to curriculum, and similar items; matters relating to its students and parents, such as student and parent names, academic records, addresses, financial information, student medical and/or disability information, student disciplinary information, and other personal and personally identifying information; and other miscellaneous matters pertaining to the School. I agree that I shall not take, remove, copy, transfer, upload, divulge or make use of any confidential information, directly or indirectly, personally or on behalf of any other person, business, corporation, or entity without the prior written consent of the School.

I agree to share information with the School regarding the services being provided that may be relevant to my Student's education at the School (and if consented to by parents). I also agree (on my individual behalf and on behalf of any company, partnership, corporation, or other entity through which I am providing services) to hold the School (and its employees, managers, and administrators) harmless from and indemnify it against all claims, demands, suits, charges, attorneys fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising in connection with the services being provided herein, including but not limited to, any injuries, damages, or claims to me, Student, parents, or other persons that may arise through my presence on campus or the providing of services hereunder.

I represent that in providing these services, I am not acting as an employee of the School and that all personnel required in performing the services hereunder will be secured at

my own expense. Such personnel shall not be employees of or have any individual contractual or employment relationship with the School. I shall be wholly responsible for the work to be performed.

I agree to maintain at all times during this agreement liability insurance for the benefit of myself and all of my contractors, employees, or agents. I will provide the School with proof of insurance sufficient to its insurance carrier. I will name the School as an additional insured. The School is not liable or responsible for workers' compensation or unemployment compensation or unemployment compensation relating to myself or any person associated with me.

I agree to comply with all federal, state and municipal laws, ordinances, rules, codes, licensing requirements, and regulations relating to the performance of my duties, including but not limited to, those laws and regulations concerning wage and hours, payment of taxes, laws prohibiting discrimination and harassment and compliance with the requirements of the Immigration Reform and Control Act of 1986.

Service Provider Name

Service Provider Company Name

Address

Phone Number

Signature

Date



Florida Department of
Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Justice Information Services
Post Office Box 1489
Tallahassee, Florida 32302-1489
(850) 410-7100
www.fdle.state.fl.us

Ron DeSantis, *Governor*
Ashley Moody, *Attorney General*
Jimmy Patronis, *Chief Financial Officer*
Nikki Fried, *Commissioner of Agriculture*

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to a reasonable time to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes.

I hereby authorize the Florida Department of Law Enforcement (FDLE) to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment.

I understand the following:

- My fingerprints may be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
- FDLE will use local, state, and national law enforcement databases to conduct the criminal justice employment check.
- Upon request, FDLE may provide a copy of my criminal history record to me.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____



Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks

Under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

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

I hereby authorize (enter Name of Qualified Entity) Greater Miami Hebrew Academy – E13040206 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.

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 Contractor/Vendor

Signature: _____

Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Greater Miami Hebrew Academy

Address: 2400 Pine Tree Drive, Miami Beach, FL 33140

Telephone: 305-532-6421 Ext. 103 Fax: 305-672-6191

FDLE Assigned Qualified Entity Number: E13040208



FINGERPRINTING INSTRUCTIONS

ALL EMPLOYEES, SUBSTITUTES, SERVICE PROVIDERS AND COACHES ARE REQUIRED TO GET THE VECHS AND DCF BACKGROUND SCREENINGS. PLEASE GIVE THEM THE GMHA VECHS AND DCF ID NUMBERS BELOW.

1. Please call 800-528-1358 or visit fl.ibtfingerprint.com to schedule a fingerprinting appointment.
2. The customer service agent will ask you the reason for the fingerprinting. The reason is VECHS - Volunteers and Employee Criminal History System and DCF - Department of Children and Family Livescan Fingerprinting.
3. The Hebrew Academy's Entity Numbers are as follows:

VECHS Number:	E13040206
OCA Number:	11134268Z
ORI Number:	EDCFGN10Z
DCF LICENSE AND FACILITY ID#:	C11MD0866

4. The company will then select the nearest fingerprinting location to your home.
5. **PLEASE CONFIRM WITH THE COMPANY PERFORMING YOUR BACKGROUND SCREENING THAT YOU ARE PAYING FOR THE VECHS AND DCF BACKGROUND SCREENING. PLEASE GIVE THE VECHS NUMBER: E13040206 AND THE DCF LICENSE AND FACILITY ID#: C11MD0866. THE TOTAL COST IS APPROXIMATELY \$130.00.**
6. Please have the results emailed to: rweinberger@rasg.org.



2400 PINE TREE DRIVE | MIAMI BEACH FL 33140 | 305-532-6421 HEBREWACADEMYMIAMI.ORG

