

VECHS WAIVER FORM

AFG Area9 Al-Anon Member in Alateen Service (AMIAS) Volunteer

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

I hereby authorize NFA AFG, Inc. 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 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 DO NOT authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective VOLUNTEER

Signature _____ Date _____

Printed Name _____ Date of Birth: _____

Address _____

This form must be printed out, completed by hand by the volunteer and then sent or delivered to the Area Alateen Process Person of AFG Area9. Original must be on file with NFA AFG, Inc.

Please complete this form and send original to:

Cindy Jacobs, AAPP
3965 Bellac Road
Tallahassee, FL 32303