



## 2025 Mini Canes Camp Program Aide Volunteer Application

A complete application packet includes:

- Mini Canes Camp Application
- UM Volunteer Service Application
  - ~ Volunteer Service Background Search Form
  - ~ Parental Consent for Background Search
  - ~ Volunteer Service Agreement & Release
  - ~ Volunteer Service Parent Consent
  - ~ Privacy Policy Acknowledgment Form
  - ~ HR Fingerprint Form
- Program Aide Checklist
- Proof of Age (*New applicants only*)
- Current Photo (*New applicants only*)
- \$100 Application Fee (payment link will be emailed after application is processed)

Completed packets should be submitted by Friday, May 3rd  
to:

1241 Dickinson Dr. – Herbert Wellness Center (Attn: Justin Sarabia)  
**Mini Canes Recreational Sports Camp**

Coral Gables, FL 33146



**APPLICATION DEADLINE**

**Friday, May 2**

(ALL materials must be submitted by this date in order to be considered)

**2025 Program Aide Application**  
Please type or print legibly

**MUST BE AT LEAST 14 YEARS OF AGE AS OF JUNE 9, 2025 TO BE ELIGIBLE TO VOLUNTEER.**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last name, First name, Middle initial

Email Address: \_\_\_\_\_ Gender:  Male  Female

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Applicant status:  New  Returning School attending next fall: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**VOLUNTEER TRAINING & ATTENDANCE**

YES  NO am available for **mandatory** Program Aide Training on Saturday, June 7 from 1:00-3:00pm.  
 YES  NO I have no obligations (i.e. sports team, appointments, other) that will require me to miss camp, arrive to camp late, or leave camp early on any days that I will volunteer?

**SESSION AVAILABILITY** (Note: First preference and multiple sessions are NOT guaranteed.)

Sessions I and II (June 9 - July 3)  
 Sessions III and IV (July 7 - August 1)  
 Session I through IV (June 9 - August 1)

Do you have any sibling campers?  YES  NO  
If yes, Name(s)/Session(s): \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

YES  NO Were you previously a Mini Canes camper?  
 YES  NO Are you a member of the Herbert Wellness Center?  
 YES  NO Do you need a monthly parking permit?

What adult T-shirt size do you wear?  
 S  L  
 M  XL

PA Shirts are sold in packs of 2 for \$10

**BACKGROUND CHECK**

If accepted as a volunteer, you are required to undergo a background check. Please specify when you are available to process your paperwork.

- Wednesday, May 7th at the Herbert Wellness Center(4:00-6:00pm)
- Thursday, May 8th at the Herbert Wellness Center(4:00-5:30pm)
- I will schedule an appointment at South Florida Fingerprinting at a different time(no later than May 17th)

[South Florida Fingerprinting located at 5900 SW 73rd Street Suite 304 South Miami, Florida 33143 ]

**NEW APPLICANTS ONLY: PLEASE FILL OUT EACH SECTION COMPLETELY.**

**Give dates and responsibilities in each situation.**

List your experience working with younger children (i.e., Girl/Boy Scouts, baby-sitting, church, school, etc.).

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List your sports experience (please include dates and sports).

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List any leadership positions you have held or awards you have earned in school.

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What special skill(s) can you share with others? (art, music, etc.)

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Why do you want to participate as a Program Aide at the University of Miami?

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**SIGNATURE**

By signing below, I, \_\_\_\_\_, certify that I have completed this application myself and that all statements in this application are true. I also certify that I am available for the **entire** time period for which I am applying. **IF I AM UNABLE TO ATTEND THE FULL VOLUNTEER TIME PERIOD, I UNDERSTAND THAT I WILL BE REMOVED FROM MY VOLUNTEER POSITION AND REPLACED BY ANOTHER ELIGIBLE APPLICANT THAT CAN FULFILL THE COMMITMENT.** I also agree that, if I am accepted as a Program Aide, I will abide by all rules and regulations of the Mini Canes Recreational Sports Camp and University of Miami. Lastly, I understand that, if accepted as a Program Aide, my acceptance is contingent upon the results of my background check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Please complete and return to:*

**Justin Sarabia**  
Mini Canes Recreational Sports Camp  
1241 Dickinson Dr. – Herbert Wellness  
Center Coral Gables, FL 33146  
(305) 284-2643 Phone  
jxs8020@miami.edu

**Applicants will not be eligible for consideration until all application materials are submitted. You are responsible for confirming that all materials have been received by Mini Canes staff.**

**VOLUNTEER SERVICE  
APPLICATION  
Page 1 of 2**

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OF MIAMI**



Directions:

- Please complete pages, even if resume is attached  
Type or print, using black ink
- If you need additional space, attach a separate  
sheet
- Sign the completed application

**GENERAL**

Name (Last) (First) (Middle) Today's Date

Present Address (Street, City, State, Zip Code)

Day Phone with Area Code Evening Phone with Area Code U.S. Citizen or Permanent Resident?

Cellular Number E-Mail Address

Have you ever Volunteered for U.M.? \_\_\_Yes \_\_\_No If Yes, Indicate Dates of Volunteer Service Department Position  
If Yes, Department Contact Name:

Name(s) and Department(s) of any family members employed at the University of Miami

**EMERGENCY**

Emergency Contact Name Relationship to You Phone No.

Physician's Name Phone No.

**REFERENCES**

Name Relationship E-Mail Address Phone Number.

1. \_\_\_\_\_

2. \_\_\_\_\_

**EDUCATION AND TRAINING**

Relevant Education (If student, indicate academic affiliation, graduation year)

Relevant training skills, experience



**VOLUNTEER SERVICE INFORMATION**

<b>Wellness &amp; Recreation/Student Affairs</b>		<b>Justin Sarabia</b>	<b>305-284-2643</b>	
UM Department	Division	Dept. Contact Name	Dept. Phone No.	
1241 Dickinson Drive	Herbert Wellness Center/234	33146	2810	
UM Department Address:	Street Address	Building/Room No.	Zip	Locator Code
June 9, 2025	August 1, 2025			40
Start Date	End Date	Estimated Hours Per Week		

Why do you choose to volunteer at the University of Miami? \_\_\_\_\_

**Describe what the Volunteer will be doing: BE VERY SPECIFIC**

1. Assisting camp group counselors with the management of their camper group.
2. Volunteering includes ensuring camper safety, maintaining discipline, & leading activities.

**SIGNATURES**

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the University of Miami.

Applicant Signature	(Parental signature also required if volunteer under 18 years of age)	Date
Justin Sarabia, Assistant Camp Director		
Department Sponsor: Print Name and Title	Signature	Date
Justin Sarabia, Assistant Camp Director		
Department Chair (or Designee/Title) Signature		Date

**EH&S INFORMATION – to be completed by the department**

Will any of the following be present during this voluntary service?	Yes	No	Will any of the following be present during this voluntary service?	Yes	No
Bloodborne pathogens		X	Contact with patients		X
Chemicals		X	Contact with human research participants		X
Formaldehyde/Xylene		X	Laboratory animals		X
Radioactive materials		X	Lasers		X
Infectious agents		X	Other (specify)		X

**If you answered yes to any of the above, please complete and attach the EH&S Mandatory Training Checklist at <http://www.miami.edu/health-safety/TrnChckLst.pdf>. ULearn transcript must be submitted to [mdvolunteer@med.miami.edu](mailto:mdvolunteer@med.miami.edu) prior or end of first week of volunteer Start Date. Failure to do so may result in volunteer termination.**

**The department must submit this completed form to contact office at least two (2) weeks prior to start date.**



**VOLUNTEER SERVICE  
BACKGROUND SEARCH**

(For Use in Conducting Criminal Background Check)

PRINT NAME: Last		First	Middle Name	
<b>SOCIAL SECURITY NUMBER</b>		DATE OF BIRTH	SEX	RACE
DEPT CONTACT NAME Justin Sarabia		DEPARTMENT Wellness & Recreation	DIVISION Student Affairs	PHONE ( 305)284-2643
		DURATION OF ASSIGNMENT Start Date June 9, 2025      End Date August 1, 2025		
<b>BACKGROUND CHECK</b>				
<p>Have you ever pled guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever pled no contest or had adjudication withheld on any criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any criminal charges pending (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to any of the above questions, please provide dates, places, details and dispositions of any convictions, pleas, sentences or pending issues: (Attach a separate sheet, if necessary.)</p>				
<p>Have you been a defendant in a civil action for intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain the nature of the tort and the disposition of the action: (Attach a separate sheet, if necessary.)</p> <p>Tort means a wrongful act (e.g., assault, battery, fraud, or injury) for which a civil action can be brought.</p>				
<b>CITIES/STATE(S) RESIDED IN WITHIN THE LAST THREE YEARS</b>				
CURRENT ADDRESS				HOME PHONE NUMBER (    )
PREVIOUS CITY/STATE/ZIP 1.		PREVIOUS CITY/STATE/ZIP 2.		
PREVIOUS CITY/STATE/ZIP 3.		PREVIOUS CITY/STATE/ZIP 4.		
<p>If you receive an ID badge, this badge is the property of the University and is being issued to you at the University's sole discretion, for identification purposes only while you are on the University premises. This ID badge must not be used to represent the University, represent yourself as a University employee or agent, or as having any affiliation with the University other than that identified on the badge. The University will perform a complete background investigation on you. The results of this investigation may result in you not being assigned to University facilities. Additionally, the University may revoke your access to its facilities and/or require that you return the ID badge at any time for any reason. By signing below you indicate your understanding, agreement and authorization of the above.</p>				
<b>I agree to conform to the rules and regulations of the University.</b>				
SIGNATURE			DATE	
<b>The department must submit this completed form to contact office AT LEAST TWO (2) WEEKS PRIOR TO START DATE.</b>				

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**PARENTAL CONSENT  
FOR BACKGROUND  
SEARCH**

Date \_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby consent, on behalf of myself and said child, to have a background report prepared by Sterling Infosystems, Inc. and delivered to \_\_\_\_\_ for use for volunteer service purposes consistent with the disclosure and authorization provided to said child.

\_\_\_\_\_  
Signature of Legal Parent or Guardian

\_\_\_\_\_  
Print Name



We are pleased that you have decided to volunteer your services to the University of Miami,  
Department of \_\_\_\_\_ or \_\_\_\_\_ Hospital.

**Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the University of Miami.**

I, Dr./Mr./Mrs./Ms. \_\_\_\_\_  
(First name) (Middle initial) (Last name)

in consideration of being allowed to participate in the volunteer service of the University of Miami (the "University")  
do hereby agree that:

1. I understand and agree that my volunteer service will be from \_\_\_\_\_ to \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)

At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted  
access to University facilities.

2. I understand and agree that my volunteer service is in no way an offer of or employment by the University  
and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my  
participation in my volunteer service. I further agree to release the University from any and all claims to  
compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that  
at no time will I be considered or deemed to be an agent, servant or employee of the University.

3. I understand that I will be volunteering at a major research university and I therefore agree to act  
appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that  
the University may terminate my volunteer service at any time, with or without cause.

4. I understand that during my volunteer service, I may have access to, or may observe, certain information  
that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to  
parties outside of the University and to keep any University records or files, confidential. I agree to comply with  
the provision of the Patent and Copyright Policy section of the University of Miami Faculty Manual, the Policies and  
Procedures Manual, the Graduate Studies Bulletin and the Undergraduate Studies Bulletin. If I become associated  
with any project funded, sponsored or authorized in whole or in part by a public or private grant or contract with  
the University of Miami, I agree to comply with the terms thereof. I agree to execute such Assignments and other  
documents as may be required to comply with the provisions above mentioned or to enable the University of Miami  
to be in compliance with such grant or contract.

5. I understand that the Health Insurance Portability and Accountability Act (HIPAA) has established privacy  
and security standards that I must adhere to in the daily activities as a volunteer at the University of Miami. I also  
understand that the University has adopted a HIPAA Policies & Procedures Manual, which I must adhere to. In  
accordance with the level of my volunteer activities, I must respect and keep patient information confidential  
whether in oral, written or electronic format as mandated by the HIPAA regulation and the University of Miami  
HIPAA policy. I understand that unauthorized disclosure of patient information may result in termination of my  
service.



**VOLUNTEER SERVICE  
AGREEMENT & RELEASE  
Page 2 of 2**

**UNIVERSITY  
OF MIAMI**



6. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.
7. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an volunteer service. Furthermore, I hereby agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.
8. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.
9. I understand that as a university volunteer the University of Miami does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my University volunteer affiliation.
10. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.
11. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Provide one copy of this agreement to the university volunteer.  
Retain this agreement for seven years from the end of service.



**Required for participants under 18 years of age**

By signing below, I \_\_\_\_\_, hereby attest to the following:

1. I am the legal guardian of \_\_\_\_\_, who is under eighteen years of age, and has my permission to participate as a volunteer from \_\_\_\_\_ to \_\_\_\_\_ at the Department of \_\_\_\_\_ at the University of Miami, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer the University of Miami does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

Print the full name and address of a person who can be reached between the hours of 8:00 a.m. and 5:00 p.m. in case of emergency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

# PROGRAM AIDE CHECKLIST

## Basic Responsibilities:

Program Aides should act as positive role models at all times, and be enthusiastic and supportive of the counselors, instructors, and camp administrative staff. Program Aides are to report directly to their assigned counselors and are expected to work in a cooperative manner with all staff and volunteers in fulfilling roles and duties. These roles and duties will be evaluated during the second week of the assigned session.

## Specific Responsibilities:

### ATTITUDE and APPEARANCE

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- ▶ Be neat and clean in appearance, and wear appropriate camp apparel. This includes your Program Aide T-shirt, shorts (of appropriate length), and comfortable athletic shoes with socks. Denim shorts, wheelies, and crocs, are not allowed at camp.
- ▶ Come to camp each day awake and with enthusiasm! Sleeping during the camp day is not acceptable and could lead to dismissal from camp. Get a good night's sleep before each day of camp.
- ▶ Always be courteous with campers, parents, fellow Program Aides, and camp staff. Failure to use appropriate language will result in disciplinary action and dismissal from camp.

### DAILY DUTIES, INITIATIVE, and PARTICIPATION

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- ▶ Be available during the entire camp day, starting promptly at 8:30 a.m. and ending at 4:30 p.m. For your safety, your counselors must know where you are at all times. PA's should not leave the building without permission.
- ▶ Sign-in and sign-out on the master time sheet in order to document your community service hours. (Upon completion of volunteering with Mini canes, all PA's will receive a letter stating how many hours were served.) Bring a parent's note if you must leave early or have an emergency absence.
- ▶ Help lead your group from one activity to another in a timely, orderly manner; and assist counselors/instructors with organization and maintaining discipline during each activity.
- ▶ Help your counselors maintain order through appropriate verbal instructions. When handling discipline, avoid making physical contact with campers – Mini Canes has a "hands off" discipline policy. If unsure of how to handle a situation, seek assistance from your counselors.
- ▶ Participate in all daily activities, including Arts & Crafts, Wellness, Movement, and special events (i.e. Carnival, Extravaganza, Art Show, etc.). Assist with small groups or individual campers upon the request of the instructor. In sports-related activities, model good sportsmanship through enthusiastic, non-competitive participation.
- ▶ Supervise your group in the locker room before and after swimming. When necessary, assist in dressing and showering before entering the pool area, as well as drying swim suits. PA's are required to be on the pool deck while campers are swimming – use this time to complete your reflection journal entry for the day.
- ▶ You are entitled to one break during the day. Counselors will assign you a break time. You are welcome to use the facilities **only** during break time (**you must be 16 or older to use the fitness room**). The facilities are off limits to PA's before and after camp hours.
- ▶ Aid in the supervision of drop-off and dismissal according to group schedule.

### ADDITIONAL RESPONSIBILITIES and COMPLIANCE

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- ▶ Cellular phones, tablets, music players, video games, etc. are not allowed at camp and will be confiscated if found.
- ▶ Bring your lunch or purchase food from the Juice Bar located in the Wellness Center (return to your group as soon as you get your food). Ordering food for delivery or leaving the Wellness Center to purchase food is not allowed. You are not allowed to purchase food at the Juice Bar on behalf of a camper.
- ▶ Guests, friends, and relatives may **not** visit camp.
- ▶ You are not to socialize or participate in extracurricular activities with camp counselors and staff outside of camp without the express permission of a parent or guardian.

By signing below, I acknowledge that I have read and understand the roles and duties of a Program Aide. I pledge to abide by the rules of Mini Canes camp, and to do my very best at all times to fulfill my role and duties while having fun. I am aware that my parents will be contacted if any of the above responsibilities are not met, and that violating camp rules will result in my dismissal from camp.

\_\_\_\_\_  
Signature of Program Aide

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date



<b>Full Name (Please Print)</b>		<b>C #:</b>	<b>NA</b>
<b>Department:</b>	<i>Wellness and Recreation</i>	<b>Account #:</b>	<i>PG007167</i>
<b>Department Contact Person:</b>	<i>Justin Sarabia</i>	<b>Department Contact Phone:</b>	<i>305-284-2643</i>
<b>HR Liaison:</b>		<b>HR Liaison Phone:</b>	

**Location:**  Coral Gables/RSMAS  Medical

Employee  Volunteer  Student

**\* FAIR CREDIT REPORTING ACT**

**DISCLOSURE TO APPLICANTS AND EMPLOYEES**

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) the University of Miami may obtain a consumer report, concerning you for employment purposes and in conjunction with either your application for employment and/or decisions concerning your employment status with the University of Miami .

I certify that I have read, understand and agree with the above.

**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

I hereby authorize the University of Miami to obtain a consumer report (including, but not limited to, criminal history, consumer credit reports, motor vehicle reports, abuse registries, and workers compensation records as part of your physical, and, in some cases, educational and/or professional credentials) concerning me. It is my understanding that the University of Miami will use this consumer report for employment and/or decisions concerning my employment status with the University of Miami.

I certify that I have read, understand and agree with the above.

*(Before taking any adverse action based upon such information, the University will comply with the adverse action requirements of the Fair Credit Reporting Act.)*

**\* PRE-EMPLOYMENT BACKGROUND INVESTIGATION**

Applicants are subject to a background investigation with Florida Department of Law Enforcement and other state, out of state and local agencies.

Applicants for employment are evaluated on the merits of their qualifications for positions available regardless of the individual's race, religion, color, sex, age, veteran status, national origin, disability or sexual orientation. Conviction of a crime will not necessarily preclude an applicant from consideration for employment with the University of Miami.

I certify that I have read, understand and agree with the above.

I understand fingerprint must be complete within 48 hours from today.

Signature

Date

**INSTRUCTIONS:**

Please visit **South Florida Fingerprinting** within 24 hours

5900 SW 73<sup>RD</sup> Street Suite 304  
South Miami, FL 33143  
(305)661-1636  
southfloridafing@bellsouth.net

**HR Office Use Only**

VECHS #:

OCA #: 11136410Z

HR Rep:

HR Rep Signature:

Today's Date:



**5900 SW 73rd Street ( Suite # 304 )**  
**South Miami, FL 33143**  
**Tel: 305-661-1636 Fax: 305-661-1637**  
**SOUTHFLORIDAFING@BELLSOUTH.NET**

+ Bring 1 form of proper photo identification.  
State Issued Driver's License, Passport, Military ID  
+ Payments accepted are in the form of:  
Cash, Credit, Debit, Money Order, Company Check

### Fingerprint Personal Data Sheet

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle

Aliases (Any other legal names): \_\_\_\_\_

Social Security # : \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of Birth (State/Country): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender	Race:	Eyes	Hair	Height
<input type="checkbox"/> Male	<input type="checkbox"/> Asian /Indian /Indonesian	<input type="checkbox"/> Black	<input type="checkbox"/> Bald	Feet : _____
<input type="checkbox"/> Female	<input type="checkbox"/> Filipino /Pacific Islander	<input type="checkbox"/> Blue	<input type="checkbox"/> Black	Inches: _____
<input type="checkbox"/> Undefined	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde / Strawberry	
	<input type="checkbox"/> American Indian/ Eskimo	<input type="checkbox"/> Green	<input type="checkbox"/> Brown	
	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray / Partial Gray	
	<input type="checkbox"/> White	<input type="checkbox"/> Hazel	<input type="checkbox"/> Red	<b>Weight</b>
	(includes Hispanic Origin)	<input type="checkbox"/> Maroon/Red	<input type="checkbox"/> White	
	<input type="checkbox"/> Unknown/Indeterminable	<input type="checkbox"/> Multi-Color	<input type="checkbox"/> Other	_____ Lb.

Employer/Agency requiring fingerprints: **University of Miami**

OCA:  EMPLOYEE: 11136410Z     VOLUNTEER: 11136410Z

Address: 6200 San Amaro Drive, Suite 230      City: Coral Gables      ST: FL      ZIP: 33146

Phone: 305-284-3798      Fax: 305-284-4568

Occupation/Job Title: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_      Date: \_\_\_\_\_

TCN: \_\_\_\_\_  
Date & Time of Transmission: \_\_\_\_\_

ID: \_\_\_\_\_  
ID Exp. Date: \_\_\_\_\_