



NARRAGANSETT SCHOOL SYSTEM

ADMINISTRATIVE OFFICES
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RI Attorney General Background Check Request

Dear Volunteer,

Your service as a volunteer helps to augment educational opportunities for children, and helps teachers provide individually appropriate attention. As a volunteer, you will come to know the needs of the children you assist and you may also learn about their families and other aspects of their lives. In order to maintain the privacy of children and their families, volunteers must abide by confidentiality.

Before beginning service as a volunteer, it is necessary for you obtain a BCI check. We value your contribution, and hope that you will derive a measure of personal satisfaction from your experience at the Narragansett School System.

To request a BCI through the RI Attorney General's Office, you should include the following:

- A **signed and notarized release** of information;
- A **copy of a photo identification** attached to release (State issued driver's license, State issued identification card, or passport);
- **Check or money order for \$5.00** payable to BCI;
- **Provide your email address to forward BCI:** and cc to smcknight@nssk12.org (Superintendent's Office)

YOU MUST MAIL ALL OF THE ABOVE TO:

Office of the Attorney General Peter Kilmartin
Criminal Background Check Request
150 South Main St, Providence RI 02903.

Please allow two weeks to process. **Note:** Narragansett residents may also choose to have your BCI processed in person at the Narragansett Police Dept. There is a separate form for this. They will email a copy to smcknight@nssk12.org .

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CONFIDENTIALITY AGREEMENT

As a volunteer of the Narragansett School System, I will abide by the confidentiality agreement and never discuss my observations and knowledge of the children and their families with others. I understand all information regarding students and staff is strictly confidential whether medical or otherwise, and must never be discussed. If I have questions or concerns, I will immediately inform the child's classroom teacher.

Please initial here that you have read, and understand, our policy: _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby direct and authorize the Narragansett School System to review any criminal records that is on file in reference to me.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the Narragansett School System in both law and equity which I may now have or in the further may have. I am also aware that it is my responsibility to contact the Narragansett School System if any criminal charges are brought against me after this date.

Signed this _____ day of _____, 20_____.

Full Name (print)

Signature

Street Address

City/Town

Your email address: _____

Driver's License No.

Signed Before me _____

Notary Public

Date of Birth

Term Expires on _____