Dear Volunteer,

Your service as a volunteer helps to augment educational opportunities for children, and help 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 either with the R.I. Attorney General's office, or by making an appointment with the Narragansett Police Department. According to the Narragansett School Committee policy on volunteering in the schools, all volunteers must have a background check, valid for one year from the date processed.

We value your contribution, and hope that you will derive a measure of personal satisfaction from your experience at the Narragansett School System.

If your request is being made through the Narragansett Police Department:
Volunteers and Interns, who require a state BCI may have them processed at the Narragansett Police Station. Appointments can be made on Monday, Wednesday & Friday by calling 789-1091. A valid picture ID, along with the completed Confidentiality Agreement, is required for processing. There is no fee for Narragansett residents for this service. BCI s should be submitted to the school(s) prior to the start of service.

If your request is being mailed to the Attorney General you should include the following:

- A signed and notarized release of information;
- A copy of a photo identification attached to release (State issued drivers license, State issued identification card, or passport);
- Check or money order for $5.00 payable to BCI;
- A stamped envelope addressed to:
  Narragansett School System
  Attn: Susan McKnight
  25 Fifth Avenue
  Narragansett RI 02882

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.
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 ______________________, 201___.

Full Name (print) ________________________________ Signature ________________________________

Street Address ________________________________ City/Town ________________________________

Drivers License No. Signed Before me ________________________________

Date of Birth ________________________________ Term Expires on ________________________________

Notary Public ________________________________