

Allan W. Fung
Mayor



Colonel Michael J. Winquist
Chief of Police

DEPARTMENT OF POLICE

5 GARFIELD AVENUE
CRANSTON, RI 02920
Phone (401) 477-5024
TDD (401) 943-1410
Fax (401) 477-5110

School Volunteer Non Fingerprinting Background Check Request Package

Applicants Information

Name: (L) _____, (F) _____, (MI) _____

Address: _____

Date of Birth: _____

Social Security #: _____

License#/State: _____

Maiden Name: _____

Alias: _____

Phone #: _____

School Facility Information

School or Facility Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Photo Identification

One of the following photo identifications must be provided:

1. State Issued Driver's License (Copy)
2. State Issued Identification Card (Copy)
3. Passport (Copy)

Payment

School Volunteer - Check or money order in the amount of \$5.00 payable to the City of Cranston (**NO CASH**).

Waiver

For school volunteers, please complete the **School Volunteer Waiver**. All submitted waivers must be notarized prior to being submitted.

Instructions

Fully complete the Request Package and submit it along with a **self-addressed stamped envelope**. Completed results will be sent to the prospective school or employer while the applicant will receive the results by mail. The Request Package can be dropped off at the Cranston Police Department, **attention BCI** or mailed to the Cranston Police Department 5 Garfield Ave. Cranston, R.I. 02920, **attention BCI**. Please allow from the time of receipt three business days for the request to be processed.

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School Volunteer Waiver

To Whom It May Concern:

I hereby direct and authorize the Cranston Police Department to review any criminal record that is on file with the Bureau of Criminal Identification of the Department of Attorney General for the State of R.I. in reference to me. Any disqualifying information found will result in a letter to _____, and me, disqualifying me from volunteering.

School

Information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the school disqualifying the applicant from volunteering: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, first degree child molestation sexual assault, second degree child molestation sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary or the abominable and detestable crimes against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

I hereby waive and release any and all manner of actions, cause of actions and demands of every kind, nature and description, arising from any release of criminal records and request there from, whatsoever against the State of Rhode Island or any municipality and the employees of the **Cranston Police Department** in both law and equity which I may have or in the future may have.

Applicant's Signature

Date

Sworn to before me in the City of _____ State of

_____ this _____ day of _____, 20____.

Notary Public

Commission Expires