

# Instructions for School Volunteer Non-Fingerprinting Background Check Request Package

Complete the Applicant's Information and School Volunteer Waiver Forms.

Please provide one of the following photo identifications: (copies can be made at the station)

1. State Issued Driver's License (Photocopy of front and back)
2. State Issued Identification Card (Photocopy of front and back)
3. Passport (Copy)

Please provide a check or money order in the amount of \$5.00 payable to:  
City of Cranston. **(No Cash!)**

The Request Package can be dropped off at the Cranston Police Department, **Attention BCI.**, or mailed to: Cranston Police Department, 5 Garfield Ave. Cranston, R.I. 02920, **Attention BCI.** Please allow three business days from the time of receipt for the request to be processed.

The completed package along with the results letter will be sent to the Human Resource Office of the Cranston School Department, 845 Park Avenue. If you wish to receive your own copy of the results letter\*, please include a self-addressed, stamped envelope.

\*Results letter is good for one year from date appearing on letter.

Kenneth J. Hopkins  
Mayor



Colonel Michael J Winquist  
Chief of Police

**DEPARTMENT OF POLICE**  
5 GARFIELD AVENUE ~ CRANSTON, RI 02920  
Phone (401) 477-5024 ~ Fax (401) 477-5110  
TDD (401) 943-1410

**School Volunteer  
Non-Fingerprinting Background Check Request Package**

**Applicant's Information**

Name: (L) \_\_\_\_\_, (F) \_\_\_\_\_, (MI) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

License#/State: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Phone #: \_\_\_\_\_

**School Information**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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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 RI 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 now or in the future.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date