

BCI Procedures for Field Trip Chaperones and Volunteers

Field Trips: To comply with the new field trip policy you must have a cleared current BCI on file. The BCI must be dated within 12 months of the trip.

Volunteers: If you hope to volunteer in a classroom or at a school in SK, you must have a BCI current within 24 months **AND** attend an SK C.A.R.E.S orientation – for details go to www.skcares.org.

(Mentoring: If you are mentoring, you need a National Fingerprint BCI **AND** a training from SK C.A.R.E.S. – contact the SK Police Station for an appointment.)

All BCI's must be on file with the South Kingstown School Department at the School Administration building – 307 Curtis Corner Rd, Wakefield RI.

To obtain a RI State-wide background check - BCI*:

- complete SK BCI form – download at www.skschools.net
- have it notarized
- staple a copy of your drivers' license to the BCI
- include a \$5 check or money order (no cash) *Paid to the Order of: 'BCI'*.
- Mail it to:
Attorney General's office, 150 South Main Street, Providence RI 02903.
- **Include a stamped envelope with a return address of:**
 - **South Kingstown School Administration – ATTN: HR**
307 Curtis Corner Road, Wakefield RI 02879
If you are an SK parent, please write the name of your child(ren) and school(s) on the outside of the envelope
If you are a community member, please write CARES volunteer on the outside of the envelope
If you are a URI student, please write CARES URI volunteer on the outside of the envelope

** If you have an out of state license you need to have a national background check completed.*

If visiting the Attorney General's office in person, bring...**

- **One** of the following
 - RI State Issued Driver's License
 - RI State Issued Identification Card
 - Passport
- Plus a \$5 check or money order (no cash) *Paid to the Order of: 'BCI'*.
- **They will complete it while you wait. Once processed, bring a copy of your BCI to the SKSD Admin. Bldg at 307 Curtis Corner Road, Wakefield, RI.**

***Note: For third party information please see the below website.*

If you need more information, please see the Attorney General's website at...
(<http://www.riag.state.ri.us/bci/records.php>)

South Kingstown School Department

307 Curtis Corner Road
Wakefield, RI 02879
P: (401)360-1300 F: (401)360-1330

Background Check Form

Name: _____

Current Address:

Prior Address: (if less than 2 years)

Date of Birth: _____ Driver's License #: _____

Social Security #: _____ Phone: _____

I do hereby release South Kingstown School Department and/or the local police department, as well as its or their officers, agents and employees, from any liability resulting from the investigative background check required for volunteer service. Further, I do hereby release any and all manner of claims relating to the background investigation conducted at the request of South Kingstown School Department.

Signature: _____

Rhode Island Attorney General Disclaimer:

I hereby authorize the Rhode Island Attorney General's office to conduct a search and make available to South Kingstown School Department any criminal record in possession of the Rhode Island Police Departments or the Bureau of Criminal Investigation has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of action, and demand of every kind, nature and description, arising from release of criminal records and requests there from, whatsoever against the Town of South Kingstown, State of RI and employees of the Rhode Island Attorney General's office in both law and equity which I may have or in the future may have.

Signature: _____

Print Name: _____ Date: _____

~~~~~ *Please Include a Copy of your Driver's License* ~~~~~

Sworn to and subscribed to in the Town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ AD.

Before me: \_\_\_\_\_

X: \_\_\_\_\_

Notary Public

Commission Expires: \_\_\_\_\_ ID# \_\_\_\_\_