STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha
Attorney General

Full Name of **Volunteer**: _____
Maiden Name (if different): _____
Date of Birth: _____
Volunteer Address: _____
Volunteer Email: _____

SCHOOL **VOLUNTEER** BACKGROUND CHECK REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

I_____ (print name) am requesting a **State of Rhode Island** criminal background check for the purpose of volunteering at a private school or public school department, pursuant to R.I. Gen. Laws § 16-2-18.4. I understand that this State of Rhode Island criminal records check will include a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Rhode Island Department of Attorney General Bureau of Criminal Identification and Investigation, in reference to me.

I hereby direct and authorize the Bureau of Criminal Identification and Investigation to conduct such a background check and to notify Portsmouth School Dept. (RI) (school department) in writing of the existence or the absence of disqualifying information, as that term is defined in R.I. Gen. Laws § 16-2-18.4(e) based on the state criminal records check.

I understand that in the event disqualifying information is found on my state record, the Bureau of Criminal Identification and Investigation will inform me of that fact via the email on file and will not disclose the nature of the disqualifying information or my criminal record to a third party without my written authorization.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of information pursuant to this request, against the State of Rhode Island, the Attorney General, the Rhode Island Department of Attorney General and its employees in both law and equity which I may have now or in the future.

_____ _____
Signature of Applicant Date

Mailed in requests only – require this form to be notarized as well as a colored photocopy of government issued photo identification.

Sworn to before me in the City of _____ State of _____ this _____ day of _____, 20____.

_____
Notary Public

_____
Commission Expires

Notary Stamp required.

Portsmouth School Department
CHARTING THE COURSE TO EXCELLENCE

School Volunteer Confidentiality Agreement

The Portsmouth School Department and its School Committee members value all volunteer support. Applicants will not be considered unless this agreement is dated and signed by the applicant. By accepting a volunteer assignment for the Portsmouth School Department, the applicant agrees to respect the confidential nature of their assignment and to be prompt and dependable. They will abide by the policies, procedures, rules and regulations of the Portsmouth School Department.

Volunteers agree to treat all student and faculty information as personal and confidential regardless of the source. This information may include a student's grades, academic performance, behavior, disabilities and related matters. In the case of requests for information about students and faculty, all matters will be directed to a teacher or an administrator.

Volunteers involved in activities such as, but not limited to, observing children reading, will not discuss student progress or attainment with others.

Volunteers will be impartial to students regardless of their background, ability, physical or emotional maturity.

Inappropriate pupil behavior will not be discussed with others, but will be reported to the class teacher or administrator who will deal with the matter.

I understand that if I fail to uphold this agreement, I will be removed from the District's approved volunteer list and/or may become liable in any legal action that might arise. The Superintendent or his/her designee will be responsible for decisions concerning continuation or discontinuation of a volunteer's services.

By signing below, I have read and understand this agreement and understand that volunteering with the Portsmouth School Department is a privilege and not a right.

Applicant's Signature:_____ Date: _____

Applicant's Printed Name:_____

Student's Name:_____School:_____

PSD Employee's Signature:_____Dept/Bldg_____

29 Middle Road • Portsmouth, RI 02871 • P 401-683-1039 • F 401-683-5204 • www.portsmouthschoolsri.org
Superintendent - Elizabeth Viveiros, Ed.D.
Director of Finance – Christopher DiIuro | Director of Student Services – Charity Shea, M.Ed.
Director of Human Resources – Kimberly Aguiar
Portsmouth High School • Portsmouth Middle School • Hathaway Elementary School • Melville Elementary School

School Year___ /___

VOLUNTEER IN SCHOOLS INFORMATION

The Portsmouth School Department is concerned with the safety of all students and staff. To help maintain this safety, prospective volunteers are required to sign a release authorizing a background check. If you have any questions, please contact the Administration Office at 401-683-1039.

- ___I have included a for $5.00 CHECK (cash cannot be accepted) payable to BCI
- ___State of RI application complete and my signature is **notarized.**
- ___Color copy of my **license FRONT and BACK**

***Please do not staple the paperwork together. Thanks!*

I authorize the School Committee and its agents to investigate my background and activities to obtain information and opinions from any source it desires concerning my character, ability, and desirability as a volunteer.
As a condition of volunteering in the district, I agree to provide the school district with a copy of my driver's license for identification purposes. I certify that the statements made by me on this volunteer application and any other information given by me pursuant to my becoming a volunteer, are true, complete and correct. I have made these statements in good faith, and understand that any misstatement or omission may be the basis for my dismissal.
New requirement - All volunteers are now required to complete a few online training modules through Vector Solutions. This effort helps us keep our schools safe and in compliance with state and federal statutes. These trainings will be assigned annually.

Child's Name: _____School: _____

Volunteer's Printed Name: _____
Date of Birth: _____Phone Number_____
Street Address: _____City: _____State: ___

Email Address: _____
Volunteer Type: Parent___ Guardian___ Grandparent___ Other (Specify)_____
Applicant's Signature: _____Date: _____

Check the box if you DO NOT want your contact information to be shared with your child's school PTO for the purposes of volunteering at school events. ☐ Do not share

*Your Emergency Contact Name*_____ *Phone Number*_____

The Portsmouth School Department is taking Affirmative Action to recruit qualified minority, female, and handicapped applicants for employment. The Portsmouth School Department does not discriminate on the basis of age, sex, ethnicity/race, religion, national origin, color or handicap and/or disability in accordance with applicable laws and regulations.