

DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK
FOR SCHOOL VOLUNTEERS ONLY



Full Name of **Volunteer**: _____
Maiden Name (if different): _____
Date of Birth: _____
Volunteer Address: _____
Volunteer Email: _____ Phone: _____
School (Name and City/Town): _____

**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 _____ (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 a 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.

OC USE ONLY	
Check No. _____	
Received from: _____	Date received: _____

The cost is \$5.00 per disclaimer. Checks made payable to: **BCI**
NO PERSONAL CHECKS ACCEPTED
Mail to: Office of Compliance, 80 St. Mary's Drive, Cranston, RI 02920



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

✓ * First Name: _____ Middle Initial: _____

✓ * Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

✓ * Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

✓ * Last SIX digits of Social Security Number: _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

✓ * Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

✓ The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

How to use this form: This form is used to authorize a CORI check for employment, volunteer, subcontractor, license applicant, or rental or lease of housing purposes.

Office of Compliance, Diocese of Providence is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Office of Compliance, Diocese of Providence
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Office of Compliance, Diocese of Providence
 (Organization) with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Office of Compliance, Diocese of Providence may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Office of Compliance, Diocese of Providence, must first provide me
 (Organization)
 with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

✓

 Signature of CORI Subject

✓

 Date