

## **South Kingstown School Department BCI Procedures for Field Trip Chaperones and Volunteers**

### **To Chaperone Field Trips:**

Prior to chaperoning, you must have a cleared BCI on file from the State of Rhode Island. If residency in Rhode Island has been less than two years, you will also need to obtain a BCI from the state of your previous residence or a national BCI. The BCI must be dated within the last 12 calendar months.

### **Volunteers and Mentors:**

Individuals who want to volunteer in a classroom or at a school in South Kingstown, first need to complete an application on [www.skcares.org](http://www.skcares.org). Additionally, they need to complete an orientation provided by SK CARES and have a cleared BCI on file with the school department. If residency in Rhode Island has been less than two years, you will also need to obtain a BCI from the state of your previous residence or a national BCI. The BCI must be dated within the last 12 calendar months. Please contact **SK CARES at 360-1304** or visit their website at [www.skcares.org](http://www.skcares.org) for more information.

***All BCIs must be on file with the  
South Kingstown School Department at the  
School Administration Building  
307 Curtis Corner Rd, Wakefield RI***

### **To obtain a State of Rhode Island Background Check - BCI\*:**

- complete the attached SKSD BCI form
- have it notarized
- staple a copy of your drivers' license to the BCI
- **Include a stamped envelope with your return address to receive your confirmation.**
- **Bring or mail to:**

Terrie Marchesseault,  
South Kingstown School Department  
307 Curtis Corner Road, Wakefield, RI 02879

**If you have any questions, contact South Kingstown School Administration.  
Phone: 360-1300**

# 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:** \_\_\_\_\_

### South Kingstown Police Department Disclaimer:

I hereby authorize the South Kingstown Police Department 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 South Kingstown Police Department'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 Rhode Island,

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

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

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

Notary Public

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

**APPROVED**

**NOT APPROVED**