

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

**Chaperone/Field Trips:**

Prior to chaperoning, you must have a cleared BCI on file. You will need to obtain a State-wide background check. 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 resident address (or a nationwide BCI). 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 cleared BCI **AND** complete an **orientation provided by SK C.A.R.E.S.** If residency in Rhode Island has been less than two years, you will need to obtain a BCI from the state of your previous resident address in addition to the State of Rhode Island. The BCI must be within 12 months. Please contact **SK C.A.R.E.S. at 360-1304** or visit their website at [www.skcares.org](http://www.skcares.org).

**Mentors:** Please contact C.A.R.E.S. at [www.skcares.org](http://www.skcares.org) or 360-1304 for details and procedures.

***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](http://www.skschools.net)
- have it **notarized**
- **staple** a copy of your **drivers' license** to the form
- Include a **stamped self-addressed envelope** to receive your confirmation
- Deliver or mail it to:

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

**If you have resided in Rhode Island less than 2 years, you must also obtain a BCI from the state you lived in previously or a national BCI.**

**Please allow 2-3 weeks for background check to be completed and schools to be notified.**

8/25/2016



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

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 \_\_\_\_\_,

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

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

Notary Public

Commission Expires: \_\_\_\_\_

APPROVED

NOT APPROVED