

**NARRAGANSETT SCHOOL SYSTEM
ADMINISTRATIVE OFFICES
25 FIFTH AVENUE
NARRAGANSETT, RHODE ISLAND 02882-3612**

PETER J. CUMMINGS, Ed.D.
SUPERINTENDENT OF SCHOOLS

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DIRECTOR OF FINANCE

Dear Volunteer:

Please bring this document along with the Narragansett Police Department's (NPD) Release form to the Police Department located at 40 Caswell Street, Narragansett, RI. Once processed, the NPD will email the BCI clearance letter to undersigned at the Narragansett School Department and you will be added to the volunteer list. This service is provided free of charge and walk-ins are welcome.

**NARRAGANSETT POLICE DEPARTMENT
BACKGROUND CHECK REQUEST**

Date: _____ EMAIL ADDRESS: _____

To the Narragansett Police Department:

_____ is a Narragansett resident and intends
(print name)

to volunteer within the Narragansett School System. Please process this BCI request and email a letter stating the result to me at Smcknight@nssk12.org

Thank you for your cooperation with regard to processing this request.

Susan L McKnight

Administrative Assistant to the Superintendent

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CONFIDENTIALITY AGREEMENT

As a volunteer of the Narragansett School System, I will abide by the confidentiality agreement and never discuss my observations and knowledge of the children and their families with others. I understand all information regarding students and staff is strictly confidential whether medical or otherwise, and must never be discussed. If I have questions or concerns, I will immediately inform the child's classroom teacher.

Please initial here that you have read, and understand, our policy: _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby direct and authorize the Narragansett School System to review any criminal records that is on file in reference to me.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the Narragansett School System in both law and equity which I may now have or in the further may have. I am also aware that it is my responsibility to contact the Narragansett School System if any criminal charges are brought against me after this date.

Signed this _____ day of _____, 20____.

Full Name (print) Signature

Street Address City/Town

Your email address: _____

Driver's License No. Signed Before me _____ Notary Public

Date of Birth Term Expires on _____