SCHOOL VOLUNTEER PROCEDURE

THE VOLUNTEER PACKET MUST BE COMPLETED, RETURNED TO THE SCHOOL FOR THE PRINCIPAL'S SIGNATURE.

THE SCHOOL VOLUNTEER BACKGROUND CHECK MUST BE COMPLETED AND BROUGHT TO THE ATTORNEY GENERAL'S OFFICE AT 4 HOWARD AVE. CRANSTON, RI

COMPLETED VOLUNTEER DISCLOSURE STATEMENT- RETURN TO SCHOOL
(School will make of copy of the front and back of license)

COMPLETED VOLUNTEER APPLICATION- RETURN TO SCHOOL
(This information will be kept at the Building Level.)

SCHOOL VOLUNTEER BACKGROUND CHECK
(The Attorney General's Office will email your BCI to Human Resources)

ONCE ALL DOCUMENTATION HAS BEEN COMPLETED, INCLUDING THE BCI, YOUR NAME WILL BE PLACED ON THE SCHOOL VOLUNTEER LIST. THIS WILL CLEAR YOU TO VOLUNTEER AT ALL SCHOOL THAT YOUR CHILDREN CURRENTLY ATTEND.

CRANSTON PUBLIC SCHOOLS
845 Park Avenue
Cranston, RI 02910

VOLUNTEER DISCLOSURE STATEMENT

It is the Policy of Cranston Public Schools to make reasonable efforts to provide a safe learning environment for students and staffs working with volunteers.

Therefore, Cranston Public Schools requires the following information from all volunteers.

SCHOOL NAME_____

VOLUNTEER NAME_____

MAIDEN NAME_____ DATE OF BIRTH _____

ADDRESS_____

CITY_____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

IDENTIFICATION – DRIVERS LICENSE NUMBER _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? ☐ Yes ☐ No

Have you lived outside of Rhode Island in the past year? ☐ Yes ☐ No

I have read the above pre-requisite and agree to abide by the Terms and Conditions as required.

SIGNATURE_____ DATE _____

SCHOOL PRINCIPAL_____ DATE _____

COPY OF APPLICANT'S IDENTIFICATION OR DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.

VOLUNTEER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Previous Address (if you have not resided in current house for three years or more): _____

Email: _____

License Plate #: _____ **Car Type:** _____ **Color:** _____

Indicate days and times available to volunteer: _____

_____

What types of activities would you like to volunteer for? _____

_____

What are your interests, skills, or hobbies? _____

_____

IN CASE OF EMERGENCY: please list two people to notify in case of emergency.

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____

Name, Relationship: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Cell: _____

Volunteer BCI Information

For school volunteers: Under Rhode Island General Laws § 16-2-18-4, any person who is a current or prospective volunteer of a private or public school and who may have direct and unmonitored contact with children and/ or students on school premises, is required to undergo a state criminal background check.

Please find the attached “School volunteer release of information” form which is required for processing.

These requests can be made in person or by mail with a $5.00 fee and valid government issued photo I.D.. We will email these responses to the email address provided by the school department. BCI will only provide these responses to one email address per district, so it is important that each district provide BCI with updated contact information.

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 Cranston Public Schools 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 (front & back) and payment of $5.00 in the form of a check or money order.
Results will be sent directly to the school department.

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

_____
Notary Public

_____
Commission Expires

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

Nombre completo del **voluntario**: ____

Nombre de soltera (si es diferente): ___

Fecha de nacimiento: _____

Dirección del voluntario: ____

Correo electrónico del voluntario: ____

SOLICITUD DE VERIFICACIÓN DE ANTECEDENTES DE **VOLUNTARIOS** ESCOLARES Y AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN

Yo_____ (imprimir nombre) estoy solicitando una verificación de antecedentes penales **del Estado de Rhode Island** con el propósito de ser voluntario en una escuela privada o departamento de escuelas públicas, de conformidad con las leyes generales de RI § 16-2-18.4. Entiendo que esta verificación de antecedentes penales del estado de Rhode Island incluirá un registro de cualquier arresto estatal o local, condena, orden judicial o un registro de registro de delincuentes sexuales, accesible por la Oficina de Identificación e Investigación Criminal del Departamento del Fiscal General de Rhode Island, en referencia a mí.

Por la presente ordeno y autorizo a la Oficina de Identificación e Investigación Criminal a realizar dicha verificación de antecedentes y notificar a Cranston Public Schools por escrito de la existencia o ausencia de información descalificadora, tal como se define ese término en R.I. Gen. Laws § 16-2-18.4 (e) basado en la verificación de antecedentes penales del estado.

Entiendo que en caso de que se encuentre información descalificadora en mi registro estatal, la Oficina de Identificación e Investigación Criminal me informará de ese hecho a través del correo electrónico archivado y no revelará la naturaleza de la información descalificadora o mis antecedentes penales a un tercero sin mi autorización por escrito.

Por la presente renuncio y libero cualquier tipo de acciones, causas de acciones y demandas de todo tipo, naturaleza y descripción, que surjan de cualquier divulgación de información de conformidad con esta solicitud, contra el Estado de Rhode Island, el Fiscal General, el Departamento de Fiscal General de Rhode Island y sus empleados tanto en la ley como en la equidad que pueda tener ahora o en el futuro.

_____ _____ Fecha de firma del solicitante Fecha:

Solo solicitudes enviadas por correo: requieren que este formulario esté notariado, así como una fotocopia en color de una identificación con foto emitida por el gobierno.

Juramentado ante mí en la Ciudad de ____ estado de este día de _____, 20__

Notario Público

La comisión expira

VOLUNTEERS IN SCHOOLS

STATEMENT POLICY

Cranston Public Schools appreciates volunteer efforts in its schools. Parents, college students, senior citizens, elected officials, business representatives, and community members are important sources of support and expertise that enrich the instructional program, assist teachers, and connect the student body with the community.

DESCRIPTION

A volunteer is any non-compensated person who wishes to donate his/her time within a school building, at a school sponsored event, or where children are present.

Volunteers must adhere to all Cranston Public Schools policies and regulations including but not limited to Code of Conduct, Confidentiality, etc.

Volunteers shall not physically discipline a student.

REQUIREMENT

Volunteers shall be required to complete an Application and an Information and Disclosure Statement.

Volunteers may be required to participate in an orientation and / or training established by Cranston Public Schools.

AGE REQUIREMENT

Volunteers must be a minimum of 18 years of age.

CONFIDENTIALITY

Volunteers must adhere to the confidentiality of what is observed and not shared outside the classroom. Volunteers must maintain confidentiality, and are not permitted to discuss student/school related issues in the outside community.

Volunteers shall not have access to confidential information / files / records.

SAFETY AND SECURITY

Upon initial application, all volunteers shall be required to obtain a Rhode Island BCI. All out-of-state volunteers, or volunteer applicants who have not resided in Rhode Island for a period of one year, shall be required to obtain a National Fingerprint BCI.

The cost of the background check, if any, is the responsibility of the applicant.

Volunteers should not be with a student/s unless in the presence of a classroom teacher, administrator, or appropriate school personnel. A volunteer shall not be in a one-on-one situation with a child, during or outside of a school day.

Volunteers must provide identification and sign in/out at the school's main office.

Volunteers shall wear the "Visitors" badge or other means of identification, as required by school policy.

VOLUNTEER LIABILITY AND INDEMNIFICATION

A volunteer shall at all times indemnify and save harmless the Cranston Public Schools and its officers, agents and employees on account of and from any and all claims, damages, losses, judgments, workers' compensation payments, litigations expenses and legal counsel fees arising out of injuries to persons (including death) or damage to property alleged to have been sustained by (a) officers, agents and employees of the Cranston Public Schools or (b) any other person, which injuries are alleged to have occurred on or near the work or to have been caused in whole or in part by the acts, omissions or neglect of the volunteer.

EXCLUSION

This Policy may not apply to parents observing classrooms, guest speakers, performers, student mentors who are enrolled in Cranston Public Schools, truancy court personnel, newspaper reporters, vendors for school related items such as rings, yearbooks, delivery vendors, and alike, provided they are accompanied by the Superintendent or school personnel.

RECORDS RETENTION

The Office of Human Resources shall maintain an accurate file of signed Volunteer Disclosure Statements, criminal background checks and verifications of health information as required by Policy.

DISQUALIFYING INFORMATION

If there is any disqualifying information concerning a potential volunteer, it will be noted by the Attorney General's office. It is the responsibility of the Superintendent or his/her designee to meet with that person and explain that he/she will not be able to participate due to the information contained in the report(s).

"Disqualifying information" means those offenses listed in § 23-17-37, and those offenses listed in §§ 11-37-8.1 and 11-37-8.3.

§ 23-17-37 Disqualifying information. – (a) Information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery,

felony drug offenses, larceny, or felony banking law violations. An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee.
(b) For purposes of this section, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the attorney general.

§ 11-37-8.1 First degree child molestation sexual assault. – A person is guilty of first degree child molestation sexual assault if he or she engages in sexual penetration with a person fourteen (14) years of age or under.

§ 11-37-8.3 Second degree child molestation sexual assault. – A person is guilty of a second degree child molestation sexual assault if he or she engages in sexual contact with another person fourteen (14) years of age or under.

APPEALS PROCESS

Any volunteer against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the Superintendent, who shall make a judgment regarding whether the individual may volunteer in Cranston Public Schools.

Any volunteer wishing to appeal the Superintendent's decision may do so by writing a letter to the Chairperson of the School Committee within ten days of the Superintendent's decision, requesting a hearing before the School Committee.

ENACTMENT

This policy shall take effect thirty days from passage.