

Chief of Police, Joseph P. Razza

## School Volunteer Waiver

To Whom It May Concern:

I, \_\_\_\_\_\_ authorize the Johnston Police Department to conduct and review any criminal record that is on file with the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island.

This authorization for Release of Information is solely for the purpose of conducting criminal history background inquiries on the aforementioned party who is requesting to be a school volunteer.

Information produced by a criminal records review pertaining to conviction for the following crimes will result in a letter to the school disqualifying the applicant from volunteering: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, first degree child molestation, second degree child molestation, 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 crimes 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.

I hereby waive and release any and all manner of actions, cause of actions and demands of every kind, nature and description, arising from any release of criminal records and request there from, whatsoever against the State of Rhode Island or any municipality and the employees of the <u>Johnston</u> <u>Police Department</u> in both law and equity, which I may have now or in the future.

**Applicant's Signature** 

Date

1651 Atwood Avenue | Johnston, RI 02919 | P. 401.231.4210 | F. 401.231.9650 | www.johnstonpd.com

The Johnston Police Department Is An Equal Opportunity Employer



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## **SCHOOL VOLUNTEER BACKGROUND CHECK**

## **Applicant's Information**

Name: (Last)		(First	:)				(MI)
Address:		City/	Fown:		State	9:	Zip Code:
Date of Birth:	Social Security #			License Sta	ite:	Lic	ense Number:
Maiden Name:			Alias:				
Phone:							

## **School Information**

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