

Hope Elementary School

391 North Road
Hope, Rhode Island 02831
Telephone (401) 821-3651
FAX (401) 823-4976



Janice L. Mowry
Principal
email: jmowry@scituateri.net

“Where Children Come First”

Sheryl Petrarca
Secretary

Thank you for your interest in volunteering in Scituate schools. Volunteers are required to have a BCI on file with the school.

Your request for a Criminal History Record Check must include the following:

1. Completed, notarized disclaimer (attached)
2. Photocopy of a Photo ID that includes date of birth (i.e., license, RI Identification Card, etc)
3. Check or Money Order for \$5.00 made payable to “BCI”
4. Stamped envelope addressed to:
Hope Elementary School, 391 North Road, Hope, RI 02831

Mail the above information to:

State of Rhode Island and Providence Plantations
Department of Attorney General
150 South Main Street
Providence, RI 02903

The Attorney General’s Office will forward approved information to our school. We in turn will notify you of your approved status to volunteer in our school system. If you have any questions regarding this procedure, you can refer to the website www.riag.ri.gov and/or contact Assistant Elaine Langella at 401-274-4400 ext. 2251 or Deputy Chief Robert Chin at ext. 2276.

Any person working with students who is being paid by the Scituate School Department or any of it’s representatives (i.e., PTA, PTO, PEP, etc.) must complete a BCI with fingerprints. – please see back of this form for details.

After you have mailed your information to the Attorney General’s office, please return this form to the school with the completed information below.

Your Name (each person needs their own application): _____

Child(ren)’s name: _____

Contact Telephone Number: _____

Yes, I applied for a BCI check on:

_____ Date mailed to the Attorney General’s Office or scheduled appointment with Scituate Police

Please indicate if you have children in another Scituate school:

Child’s Name: _____

School: _____

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Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to **Hope Elementary School** any criminal record that the Bureau of Criminal Identification has on file in reference to me.

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 requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

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

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer.