



# Johnston Police Department

1651 Atwood Avenue  
Johnston, RI 02919  
Phone (401) 231-4210  
Fax (401) 231-9650

Richard S. Tamburini  
Chief of Police

## School Volunteer BCI Request Package for Johnston Residents

### Applicants Information

Name: (L) \_\_\_\_\_, (F) \_\_\_\_\_, (MI) \_\_\_\_\_

Maiden Name or Alias: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

License State: \_\_\_\_\_

### School Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

### Instructions

Volunteers must complete the Request Package in its entirety and return the completed form, along with a clear and legible photo copy of a driver's license or photo I.D., to the Johnston Police Department with a check or Money Order in the amount of \$5.00 payable to the **Town of Johnston**. **CASH IS NOT ACCEPTED**. Please allow from the time of receipt three business days for the request to be processed. The police department **will not** make photo copies of your driver's license or photo I.D.



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## School Volunteer Waiver

To Whom It May Concern:

I \_\_\_\_\_, authorize the Johnston Police Department to conduct a Rhode Island criminal investigation of my background, regardless of whether such inquiries seek public record, private, privileged, or confidential information. This Authorization for Release of Information is solely for the purpose of conducting criminal history background inquiries on Johnston Residents who are requesting to be school volunteers.

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 **Johnston Police Department** in both law and equity which I may have or in the future may have.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date