



Keeping families close™

45 Gay Street
Providence, RI 02905
401-274-4447
www.rmhprovidence.org

Bureau of Criminal Investigation Check

Applicant Name (print)

Date of Birth

Social Security #

Please Enclose a Copy of Your Driver's License

I am seeking a volunteer post with the Ronald McDonald House of Providence. I hereby direct and authorize the Bureau of Criminal Investigation of the Department of the Attorney General for the State of Rhode Island to make available to the Ronald McDonald House of Providence any criminal record that the Bureau of Criminal Investigation 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 request therefrom, whatsoever against the State of Rhode Island Bureau of Criminal Investigation, the Attorney General's equity which I may not have or in the future may have.

Signature of Volunteer Applicant

Date

Subscribed and Sworn to Before Me in Providence, Rhode Island on the

_____ day of _____, 2020.

Notary _____