



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 \_\_\_\_\_, 2021.

**Notary** \_\_\_\_\_