



BCI CHECK (Background Criminal Investigation)
Rhode Island

NAME _____ (Print or Type)

D.O.B. _____ (Please enter information-do not leave blank)

SS#: _____ - _____ - _____ (Please enter information-do not leave blank)

Current Address: _____
Street City State Zip

Girl Scouts of Rhode Island, Inc.
125 Charles Street
Providence, RI 02904-2274
401-331-4500
800-331-0149
Fax: 401-421-2937
gsri.org
gsri@netsense.net

Serving Rhode Island and
Attleboro
Bellingham
Blackstone
Fall River
Millville
North Attleborough
Plainville
Rehoboth
Seekonk
Somerset
Swansea
Westport
Wrentham, MA
and
Pawcatuck, CT

DISCLAIMER

I give permission for your organization to and make available to the Girl Scouts of Rhode Island, Inc. any criminal record that I may have on file with the Bureau of Criminal Identification.

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 there from, whatsoever against the State of Rhode Island and the Bureau of Criminal Identification and equity which I may now have or in the future may have.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. We run a background check on all volunteers every 3 years.

GSRI is updating the forms associated with processing background checks. All information is required to process the background check.

*** Please include a VALID PHOTO ID with this form***
(ID must include date of birth)

(Signature of Applicant)

Sworn to before me on this _____ day of _____, 20__

Notary Public Signature _____ Commission Expires _____