



Volunteer Information

PLEASE PRINT CLEARLY

DATE: _____

NAME: _____

LOCAL ADDRESS: _____

CELL: _____

HOME: _____

EMAIL: _____

EMPLOYER/SCHOOL: _____

ADDRESS: _____

POSITION: _____

How did you hear about St. Mary's Home for Children? _____

Other organizations you volunteer with? _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL: _____

MEDIA CONSENT



Photos and audio/video recordings of our volunteers are occasionally used to help us publicize and promote the work of St. Mary's Home for Children. This may include use of photos, audio/video recordings and names in newspapers/magazines, on radio/television, on the St. Mary's Home for Children website or newsletter and in other promotional materials.

Please indicate whether or not you give consent in each of the three sections below:

Photographs & Audio/Video Recording:

_____ I give consent for photos and audio/video recordings to be taken of me and used to promote the work of St. Mary's.

_____ I do not give consent for photos and audio/video recordings of me to be taken and used to promote the work of St. Mary's.

Public Relations / Press Releases:

_____ I give consent for my name to be utilized to publicize the work of St. Mary's.

_____ I do not give consent for my name to be utilized to publicize the work of St. Mary's.

St. Mary's Home for Children newsletter:

_____ I give consent for my name/picture to be used in the agency newsletter.

_____ I do not give consent for my name/picture to be used in the agency newsletter.

- I am giving consent to St. Mary's Home for Children to use my name, photograph and/or audio or video recordings of myself as taken or produced by media personnel for the purpose of publicizing and promoting the work of St. Mary's.
- I waive any claim which I may have against St. Mary's Home for Children arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid.
- This consent and waiver shall remain in effect for the duration of involvement with St. Mary's Home for Children unless otherwise revoked. I understand that it is my responsibility to notify the office if the status of this consent changes.

**I understand and consent to the implications of this Permission and Release waiver.
I further agree that this waiver is made of my own free will and without duress.**

Applicant: _____ **Initials:** _____

Printed Name: _____ **Date:** _____



Please read and sign the following:

Visitor Confidentiality Policy

Our clients entrust us with important and confidential information. We follow rules, regulations and best practices designed to protect our clients and their confidential information. We earn the respect and trust of the children and families we serve by implementing and promoting practices designed to protect their confidentiality when on campus and when in the community.

Any violation to confidentiality seriously injures our reputation and effectiveness. Violation of confidentiality also constitutes a serious breach of trust to our clients. Therefore, to help us best serve our clients, you are asked not to discuss confidential information you may have received or observed while visiting our campus, with anyone. This confidentiality policy applies while you are receiving services and after.

We cannot guarantee that all individuals will follow this confidentiality policy. As such, St. Mary's Home for Children as an agency cannot be held responsible for breaches of confidentiality made by clients or visitors.

Please help us by maintaining the confidentiality of any individuals you may observe on campus.

By signing below I agree that this document was explained to me; I had the opportunity to ask questions; and I agree to abide by this visitor confidentiality policy.

Full Printed Name

Date

Signature



**PLEASE INCLUDE
A COPY OF YOUR
DRIVER'S LICENSE
WITH YOUR DOCUMENTS**



A.S.A.P

**PLEASE FILL OUT THE FOLLOWING
DCYF CLEARANCE FORM**

SCAN AND EMAIL TO:

Kim Natareno:

knatareno@smhfc.org



STATE OF RHODE ISLAND
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: **"General Treasurer State of Rhode Island"** - personal check or cash is not accepted. Requests submitted without payment **will not** be processed.)

Facility Name: St. Mary's Home for Children

☐ Please indicate if subsequent

Facility mailing address: 420 Fruit Hill Ave. North Providence, RI 02911

Facility E-mail address: Kimberly Natareno knatareno@smhfc.org

Facility Phone #: (401) 353-3900

Please indicate: ☐ Prospective Childcare operator or employee ☐ Foster Care provider ☐ Non-DCYF Adoption ☐ Employment ☒ Community Agency Volunteers who have supervisory authority over children without the presence of others ☐ Volunteer in a daycare setting ☐ Child Care and Community Agency Volunteers who **do not** have supervisory authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results Ninety (90) days after the date of this authorization appearing below. Any information released and /or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

Signature of Applicant

Date of Birth

Date of Authorization

Last Name

First Name

Middle

Maiden

Address

& Street

City/Town

State

Zip Code

BACKGROUND CHECK RESULTS

RICHIST: ☐ No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: ☐ Active ☐ Closed

Investigation #

Level

Status

Name

Involvement

Allegations

MASTERFILE:(Prior to 1984)

☐ No prior Involvement



A.S.A.P

- **You must obtain** a BCI before you can volunteer at SMHFC
- A BCI is a search and report of criminal records, also known as a background check.
- **You must bring** a valid, government-issued photo ID (driver's license, state ID, passport, military ID, green card)
- A BCI is performed using the person's name and date of birth and is only conducted within the State of Rhode Island.
- A BCI will not indicate if you have an out-of-state criminal offense.
- **You must bring payment.** A BCI costs \$5.00
- **You must send** your BCI Results to:

**Kimberly Natareno
Development Assistant
420 Fruit Hill Avenue
North Providence, RI 02911**

You can obtain your BCI at:

**Attorney General Julius C. Michaelson Customer Service Center
4 Howard Avenue (corner of Pontiac Ave. and Howard Ave.)
Cranston, RI 02920
401-274-4400**

Hours of Operation

**Monday – Friday
8:30 a.m. – 4:30 p.m.**