



CRIMINAL RECORDS CHECK CONSENT AND DISCLAIMER FORM

Please Print Clearly:

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name/ Alias: _____

Current Address Number & Street: _____

City, State, Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Sex: _____

If you have lived in another state please list the state and approximate dates:

NAME AND ADDRESS OF EMPLOYING AGENCY:	Cedar Crest Subacute & Rehabilitation Centre 125 Scituate Avenue Cranston RI 02921
SIGNATURE OF EMPLOYER/SUPERVISOR:	_____ Tyrone Jackson, Volunteer Coordinator

I am seeking a volunteer position with Cedar Crest Subacute & Rehabilitation Centre and I hereby direct and authorize the Rhode Island Department of Criminal Identification to review any criminal record that is on file in reference to me in accordance with RI General Laws, Title 23, Chapters 17, 17.4 and 17.7. Any disqualifying information found will result in a letter to Cedar Crest Subacute & Rehabilitation Centre and me disqualifying me from said position.

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 therefrom, whatsoever against the State of Rhode Island or any municipality and the employees of the Rhode Island Department of Criminal Identification in both law and equity which I may now have or in the future may have.

Signature of Applicant: _____ **Date:** _____