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www.youthprideri.org

*****DO NOT RETURN TO YOUTH PRIDE, INC.*****

Date:

To whom it may concern:

Youth Pride, Inc. is a private, non-profit social service agency that provides services to youth ages 13 to 23. I recognize that criminal background checks, and receipt of the results thereof, are required as part of the volunteer application process.

Therefore, I authorize the Rhode Island State Police, and/or your local police station, to provide the results of any and all background checks conducted to Youth Pride, Inc. I understand that I am required to be fingerprinted to allow both local and national criminal records to be accessed in this investigation. I also understand that all disclosed information will be kept confidential.

Name (print)_____ DOB _____
Address _____

Have you ever gone by another name? Y/N If yes, please state all names previously used: _____

I have read and understand all of the above, and assert that all of the information provided is accurate.

Signature Date

Witness Date

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Office use only	
Exempt: Yes <input type="radio"/> No <input type="radio"/>	
Explanation of exemption: _____	
Signature: _____	Date: _____