

Student Name 1) _____

Teacher 1) _____

Student Name 2) _____

Teacher 2) _____

Student Name 3) _____

Teacher 3) _____

DUBLIN UNIFIED SCHOOL DISTRICT Volunteer Information Form

California Education Code Section 35021 requires school districts to screen school volunteers. In order to complete the screening, please provide the information requested below.

Name _____
Last First Middle Other Name

Address _____ City/Zip _____

Telephone Number _____

Home

Work or Cell

Date of Birth _____ Driver's License # _____ or State ID # _____

(attach photocopy)

(attach photocopy)

School Site(s) _____ Name of Your Student(s) _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone # _____

I agree and understand that it's my responsibility to notify the school principal of any status change in my driver's license if I volunteer to drive. The approval to volunteer will be based on the clearance of the background check on Megan's Law list and approval of the principal, which will be conducted for all overnight trips.

Signature _____ Date _____

To be completed by site administrator/designee.

***driving clearance requires submission of valid copy of driver's license, proof of current auto insurance which reflects driving record, i.e. points; OR valid copy of driver's license, proof of insurance and DMV report. Driving records with more than one point will not receive clearance to drive.**

****activity requires livescan fingerprint clearance**

Volunteer Assignments: _____ school activities/fund raisers _____ other: _____
_____ driver* _____ outdoor ed/overnight**

Certificated Supervisor: _____ **Date:** _____

Duration of Volunteer Work: _____ **School Year:** _____ **Less than school year, Dates:** _____
_____ **Date:** _____

Site Administrator/Designee _____ **Title** _____

Cleared to Volunteer Cleared to Drive until _____ Life Scan Completed
Date