

DUBLIN
UNIFIED



School District

*All Dublin Students will
Become Lifelong Learners*

DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

Dr. Leslie Boozer, Superintendent ♦ 7471 Larkdale Avenue, Dublin, CA 94568 ♦ 925-828-2551

Dear School Volunteer:

Volunteers provide key support for our students. Thank you for your interest in volunteering at our school. The Dublin Unified School District has implemented an annual screening process for all that wish to volunteer their services.

The purpose of this annual screening is to ensure that no one working with our children has a record of sexual misconduct, thus providing a safe and positive environment in our classrooms and activities. Once it has been determined that the potential volunteer has not been identified on the Megan's Law list, the principal will approve your request to volunteer.

In order to complete the screening process, we ask that you complete the Volunteer Information form attached or printed on the back of this letter. Please provide the requested information, **attach a copy of your driver's license or CA ID**, and return the completed form to the school secretary. **ALL information on the Volunteer Information form must be completed and signed to be processed.** The information that you provide is considered highly confidential and will only be seen by the school secretary, principal, and human resources staff.

If you are interested in driving on fieldtrips, volunteers will need to submit the following:

- Current proof of insurance
- Documentation of current driving record, i.e. points & accidents. Acceptable documentation:
 - Insurance renewal which indicates driving records (points) or,
 - DMV driving printout report which reflects driving record

Volunteer applicants with a driving record of one point or less will be cleared to drive students.

Thank you for your cooperation, understanding and support of the district's desire to keep our students and schools safe.

Sincerely,

Principal

VOLUNTEER INFORMATION FORM



School District

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 _____

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

(Attach Photocopy) (Attach Photocopy)

School Site(s) _____ Name of Your Student _____

(First) (Last)

Teacher(s) Name: _____ (First/Last name) _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone # _____

FOR COLLEGE STUDENT VOLUNTEERS

College/University Name _____ or _____ College/University ID _____ Verification of Enrollment _____

REFERENCES (List 2 people who are not related to you who have knowledge of your character or work experience)

Name _____ Position _____ Phone Number _____

Name _____ Position _____ Phone Number _____

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.

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: _____ Classroom Volunteer: _____ School Activities/Fundraisers _____ other: _____

_____ Driver* _____ Outdoor Education/Overnight**

Certificated Supervisor: _____ Date _____

Principal/Designee _____ Date _____

Cleared to Volunteer _____ Cleared to Drive until _____

Date _____