



# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

7471 Larkdale Avenue, Dublin, CA 94568-1599 ♦ 925-828-2551 ♦ FAX 925-829-6532  
Superintendent, Stephen Hanke, Ed.D

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)
  - 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.

**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 \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_ (first/last name) \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**FOR COLLEGE STUDENT VOLUNTEERS**

\_\_\_\_\_ or \_\_\_\_\_

College/University Name 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 \_\_\_\_\_

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**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/fund raisers \_\_\_ other: \_\_\_\_\_

\_\_\_ driver\* \_\_\_ outdoor ed/overnight\*\*

Certificated Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Principal/Designee \_\_\_\_\_ Date \_\_\_\_\_

Cleared to Volunteer  Cleared to Drive until \_\_\_\_\_ Date \_\_\_\_\_