

Pleasanton Unified School District
2015-2016 Volunteer Clearance Form
(This has to be submitted each school year)

Dear School Volunteer:

Thank you for your interest in volunteering at our school. The Pleasanton Unified School District has a screening process for all who wish to volunteer their services at one of our schools. This includes field trips, classroom and office support, library support, and any ongoing support for student activities at a school site. The purpose of this screening is to ensure that no one working with our children has a record of sexual misconduct, thus providing a safe and positive environment for our students.

The Pleasanton Police Department has agreed to provide this confidential information to the District. To complete the screening process, which could take up to two weeks, we ask you to provide the information below and return it to your school secretary in advance of any event. The information is considered highly confidential, and will only be seen by the school secretary, Human Resources, and the Pleasanton Police Department. The attached form will be kept on file at the school site.

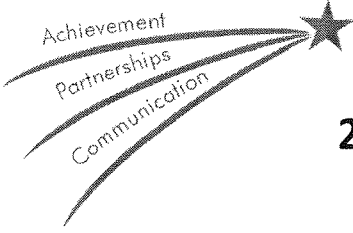
If you wish to reimburse the District for the cost (\$6.00) of this processing, please include a donation with the form below. Thank you for your understanding of our desire to keep our school safe for students.

Reminder: In order to ensure safety and minimize distractions to the learning environment, please do not bring infants or non school-age children to school with you when you are volunteering in the classroom. Volunteers are asked to make arrangement for off-campus child care.

Thank you.

Sincerely,

Principal



Student Name: _____

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Parent's Name: _____
first middle last

Address: _____
Street, City, Zip

Date of birth: _____ Male Female

CA Driver's License or CA I.D. Number: _____ Phone: _____

Other School Sites: _____

I authorize the Pleasanton Unified School District to submit this information to the Pleasanton Police Department to complete the volunteer screening process.

Signature: _____ Date: _____

OPTIONAL: Attached is my donation of \$_____ to cover the cost of volunteer screening. **(Make checks payable to Pleasanton Unified School District.)**

CONFIDENTIALITY STATEMENT

I understand that in the course of my volunteer association with Pleasanton Unified School District, I share the responsibility of maintaining student, employee and District confidentiality as to any information, whether written, verbal or by actions observed, which I may have available to me. I further understand that in the course and scope of my volunteer status, I am not to discuss academic, social or other confidential information regarding students or school employees with anyone, including the parents of any student. Any breach of confidentiality will be carefully reviewed by Pleasanton Unified School District and, if substantiated, may result in the termination of my volunteer involvement with the school district.

Signature: _____ Date: _____

Printed Name: _____