

# Pleasanton Unified School District

## Volunteer Clearance Form

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.

If you wish to reimburse the District for the cost 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. If you have students in more than one school, please indicate the school site(s) Thank you.

Sincerely,

Principal  
Kimberley Michels

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**Student** \_\_\_\_\_ **Student's Teacher:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student's Teacher:** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_  
Last First Middle other name

**Address** \_\_\_\_\_  
Street City State Zip code

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Ca Driver's License or Ca I.D. Number** \_\_\_\_\_

I also have children who attend school at the following school site(s):

Name \_\_\_\_\_ Site \_\_\_\_\_

Name \_\_\_\_\_ Site \_\_\_\_\_

*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.)