Student Name: 1)		Teacher: 1)		
Student Name: 2)		Teacher: 2)		
Student Name: 3)		Teacher	: 3)	
	DUBLIN UNIFIED S	CHOOL DISTRICT	г	
	Volunteer Info	200	•	
	tion 35021 requires school districts to		. In order to complete the screening,	
please provide the information	requested below.			
Name				
Last	first	middle	other name	
Address		City/Z	Zip	
Telephone Number				
Telephone NumberHome		Work or Cell		
Date of Birth	Driver's License #	or State ID #		
		(attach a copy) (attach		
School Site(s)	Name of	Name of Your Student(s)		
EMERGENCY CONTACT				
Name	Relationship	ionship Phone Number		
FOR COLLEGE STUDEN	T VOLUNTEERS			
		or		
College/University Name	College/Univ		Verification of Enrollment	
DEEEDENIGES (1				
REFERENCES (List 2 people	e who are not related to you who have I	knowledge of your charac	ter and/or work experience)	
Name	Position	Phone	Phone Number	
Name	Position	Phone Number		
			status change in my driver's license if I nd check on Megan's Law List and approval	
of the principal.	val to volumeer will be based on the cit	sarance of the backgroun	id theck on megan's caw cist and approva	
Signature		Date		
oignarare		Dute		
	ITE ADMINISTRATOR/DESIGNE			
*driving clearance requires submi	ssion of valid copy of driver's license, proo f of insurance and DMV report. Driving rec	of of current auto insurance	which reflects driving record, i.e. points; OF	
**activity requires livescan finger		ords with more than one poil	m win not receive clearance to arrive.	
Volunteer Assignments:	chaperone driver* outdo	oor ed/overnight**	_ classroom volunteer	
	school activities/fund raisers			
Certificated Supervisor:				
300-0000 - 540-00000000000000000000000000	School Year: Less than s			
Caranon of volunteer vvolk	Control / Edi Less indi s	enou yeur, bures.		
Site Administrator/Designee		Title	Date	
			- Oute	
Cleared to Cleared to Volunteer Drive	Authorization:		Date:	