Student Name 1)		Teacher 1)	
Student Name 2)		Teacher 2)	
Student Name 3)		Teacher 3)	
	DUBLIN UNIFIED S	CHOOL DISTRICT	
	Volunteer Info	rmation Form	
California Education Code Sect screening, please provide the ir	ion 35021 requires school districts formation requested below.	s to screen school volunteers.	In order to complete the
Name			
last	first	middle	other name
Address		City/Zip	_
Telenhone Number			
	Home	\	Work or Cell
Date of Birth	Driver's License #		ach photocopy)
School Site(s)	Name of Your Stud	lent(s)	
EMERGENCY CONTACT			
Name	Relationship	Phone #	
• •	ho are not related to you who have Position	· · · · · · · · · · · · · · · · · · ·	·
Name	Position	Phone Number	
license if I volunteer to drive Megan's Law list and approval	it's my responsibility to notify th . The approval to volunteer will of the principal.	be based on the clearance o	•
To be completed by site admi	nistrator/designee		
*driving clearance requires su driving record, i.e. points; Ol	bmission of valid copy of driver's R valid copy of driver's license, p	•	
more than one point will not receive clearance to drive.  **activity requires livescan fingerprint clearance		Office Use: Badge Photo Captured	
	assroom volunteer school activer* outdoor ed/overnigh		other:
Duration of Volunteer Work:	School Year:		es: Date
Site Administrator/Designee	Title		-
Cleared to Volunteer		Drive until	.HR Site View\Volunteer

Information Form Revised 10/20/08

Date