



# 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

College/University Name \_\_\_\_\_ College/University ID \_\_\_\_\_ or \_\_\_\_\_  
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 \_\_\_\_\_

# Parent/Guardian Chaperone Agreement

As a parent/guardian chaperone, I understand and agree to the following stipulations:

- In accordance with Education Code 35021 I have turned in the required paperwork and been cleared to volunteer.
- I will honor student confidentiality and not talk about behaviors/actions that I may observe with other parents. If I have concerns, I will talk with the classroom teacher.
- I will enforce and observe District Policy regarding no consumption of alcoholic beverages.
- In the event of an emergency, I will immediately contact the classroom teacher or the school office at (925) 307-1950.
- I will require all students to follow school rules/safety practices and I will report any students struggling with this to their teacher. Teachers will handle discipline.
- If students need to use a restroom, please send them in with a student buddy and be sure to wait for them outside the restroom to assure safety.
- Food or beverages must be provided by the classroom teacher or student's home (no treats/snacks should be provided by our chaperones).
- I will give the teacher 48 hour notice in the event that I am unable to attend.

Thank you,

Amador Staff

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## Parent/Guardian Chaperone Agreement

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone #

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Student

# Amador Elementary

## Volunteer Guidelines and Expectations

Thank you for taking the time to be a volunteer at our school! At Amador we strive to create a safe and nurturing place for all students to learn and grow and the volunteering you do makes that environment an even more rich and meaningful place. To ensure the safety of all our students, both physically and emotionally, please read our guidelines and expectations below. All volunteers will need to sign this document to ensure that you have read, understand and will follow the guidelines and expectations.

### From the Amador Elementary School (AES) Handbook:

All class volunteers need to know that volunteering in the classroom is a privilege. Volunteers are there to work, not socialize, not observe the class, not have a private conference about their child or other children. Volunteers that are a distraction or abuse their time in the class may be asked to leave. It is important that you be responsible and courteous while you are in the classroom. As a volunteer, you can be a great role model for the students.

### AES Secrets of a Great Volunteer:

- Fill out the appropriate paperwork and turn it into the office to be cleared.

### Once cleared to volunteer in our school and you have arranged a volunteer task/time with the classroom teacher:

- Sign in at the office and wear your volunteer badge at all times.
- Be on time & Be reliable.
- Be unobtrusive.
- Ask questions at the beginning of the shift (know where the materials you might need are located and any other issues that might come up) so that you do not have to distract the teacher with questions later.
- Do not commit to something if you are not sure you can do it. Teachers count on every volunteer that commits their time and can be left in an awkward situation if a volunteer cancels last minute or does not show.
- Everything you see and hear in the classroom is **confidential**. This really means everything! Academics to social to behavior to emotional items. Please let the teacher facilitate the communication and sharing with families. Do not call/write notes in any format to parents about students at our school that you observe while volunteering.
- Follow your teacher's lead on how they like their class to be run and do not add to or interrupt the instruction.
- Please help us maintain a quiet learning environment.
- Remember that you are volunteering in the classroom for the good of all, this is not a time to offer special moments to your child.
- Encourage students to make good choices and praise when appropriate. Teacher handles discipline.

**Once again, thank you so much for taking the time to volunteer. Your commitment and help is very appreciated!**

**Please sign below in agreement to follow the AES volunteer guidelines and expectations. I agree to maintain classroom confidentiality in support of all students.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_

Child's Name: \_\_\_\_\_



All Dublin Students Will  
Become Lifelong Learners

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7471 Larkdale Avenue, Dublin, CA 94568-1599 ♦ 925-828-2551 ♦ FAX 925-803-1669

### DEPARTMENT OF STUDENT SERVICES

#### AUTHORIZATION FOR MILITARY BACKGROUND CHECK (FOR PARENT VOLUNTEERS)

To: Lt. Jessica Hunt, Camp Parks Police Department  
From: Tess Johnson, Director of Student Services  
Re: Authorization for Background Check for Military Personnel

Date: \_\_\_\_\_

Below is the signed authorization from \_\_\_\_\_ for Camp Parks to perform a background check and provide results to the Dublin Unified School District.

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I, \_\_\_\_\_, authorize Camp Parks to conduct a background check and provide results to the Dublin Unified School District.

\_\_\_\_\_  
Signature Date

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

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School(s) where parent will volunteer:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Parent volunteer understands that if he/she volunteers for an overnight trip, he/she MUST be fingerprinted by the Dublin Unified School District even if he/she has been fingerprinted by the military or other organization.*