Pleasanton Unified School District
"Kids Come First"

Dear School Volunteer:

Thank you for your interest in volunteering at our school. The Pleasanton Unified School District has implemented 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 on going 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 kids.

The Pleasanton Police Department has agreed to provide this confidential information to the District. To complete the screening process, which could take up to 2 weeks, we ask you to provide the information below and **return it to your school secretary as soon as possible, especially when an important event is involved**. *The information is considered highly confidential, and will only be seen by the school secretary, Human Resources, and the Police Department.*

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 kids.

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_____ Student's Teacher:_____

NAME_____
Last First Middle Other Name

ADDRESS_____
Street City State Zip Code

DATE OF BIRTH_____ MALE_____ FEMALE_____

CA DRIVERS LICENSE OR CA I.D. NUMBER_____

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

Name_____ Site_____
Name_____ Site_____
Name_____ Site_____

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

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Signature_____ Date_____

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