



Student Name: _____

Pleasanton Unified School District
2018-2019 Volunteer Clearance Form
(This has to be submitted each school year)

Parent's Name: _____
first middle other name

Address: _____
Street, City, Zip

Date of birth: _____ Male Female

CA Driver's License or CA I.D. Number: _____ Phone: _____

Other School Sites: _____

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.)

CONFIDENTIALITY STATEMENT

I understand that in the course of my volunteer association with Pleasanton Unified School District, I share the responsibility of maintaining student, employee and District confidentiality as to any information, whether written, verbal or by actions observed, which I may have available to me. I further understand that in the course and scope of my volunteer status, I am not to discuss academic, social or other confidential information regarding students or school employees with anyone, including the parents of any student. Any breach of confidentiality will be carefully reviewed by Pleasanton Unified School District and, if substantiated, may result in the termination of my volunteer involvement with the school district.

Signature: _____ Date: _____

Printed Name: _____