

**PLEASE COMPLETE BOTH SIDES OF FORM**

**Pleasanton Unified School District  
Volunteer Form**

Dear School Volunteer:

Thank you for your interest in volunteering at our school. The Pleasanton School District has a screening process for all who wish to volunteer their services at our schools. This includes field trips, classroom and office support, library support, and any ongoing support for student activity 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. This form needs to be completed each school year.

The Pleasanton Police Department has agreed to provide this confidential information to the District. To complete the screening process, we ask that you complete the information below and return it to your school secretary. **The information is considered highly confidential and will only be seen by the school secretary, Human Resources and the Pleasanton 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 our students.

**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 arrangements for off-campus child care. Thank you.

Sincerely,

*Amy Simone*

Principal

Name \_\_\_\_\_  
Last First Middle Other

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female (circle one)  
City

CA Drivers License or CA I.D. Card # \_\_\_\_\_

I also have children who attend these Pleasanton United School District school sites:

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.*

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

Optional: Attached is my donation of \$ \_\_\_\_\_ to cover the cost of volunteer screening. Make checks payable to Pleasanton Unified School District.

## PLEASE COMPLETE BOTH SIDES OF FORM

### ALISAL PARENT VOLUNTEERS MAKE A DIFFERENCE

Alisal parents, grandparents and guardians are finding that their involvement as school volunteers, whether in the classroom, participating on PTA committees, during school-wide activities, or in preparation of materials at home are having a positive influence on student achievement.

1. All volunteers have read and understand guidelines.
2. All volunteers that work directly with students in the classroom or on field trips must have a completed and cleared Volunteer Clearance Form on file in the office before beginning volunteer responsibilities.
3. All cleared volunteers will sign in at the office and wear a Visitor Badge before going onto campus.
4. All volunteers are expected to exhibit a positive demeanor and enthusiasm for the task.
5. Communicate with the teacher about students to whom you are assigned to work with.
6. Be familiar with the language of our TRIBES character education program and use it with students.

#### TRIBES AGREEMENTS

Appreciations  
Mutual Respect  
Right to Pass  
Use "I" Messages  
Attentive Listening

7. When working with children, attention to the task is necessary: Cell phones should be off; no preschool children are allowed; keep the focus on children assigned.
8. Confidentiality of information obtained through your volunteer efforts MUST be maintained. Please keep all information between you and the teacher.
9. Respect the privacy of everyone in the classroom. This includes materials and information you may see on the student=s or teacher=s desk (i.e., test scores, graded papers, notes, etc.).

We thank you for your willingness to help all students succeed. Adherence to these guidelines will insure continuance of a successful program.

Please read the Volunteer Guidelines, sign below and return to your student's classroom teacher.

Amy Simione  
Principal

---

I have read and understand the expectations of parent volunteers.

---

Student Name

Parent Signature

Date