



SAN LEANDRO UNIFIED SCHOOL DISTRICT MEGAN'S LAW VOLUNTEER SCREENING REQUEST

Clearance through September 30, 2018

Dear School Volunteer:

Thank you for your interest in volunteering in our district. The important work of the School District is enhanced on a daily basis by valuable contributions of parent and community volunteers. The San Leandro Unified School District has implemented a screening process for all who wish to volunteer their services. 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 students. Individuals interested in volunteering at a school must complete this request to volunteer form prior to initiating any volunteer activity. This process will be repeated every year for all individuals. 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.

Your request will be screened through the Megan's Law list posted through the Office of the State Attorney General. In order to complete the screening process we ask that you complete the information below and return it to your school secretary. You will need to complete one form for each site where you will be volunteering. This form is considered confidential and will only be seen by the school secretary, Principal, Director of Pupil Services (or designated support staff), and the Alameda County Sheriff's Department if necessary. This final list of approved parents may be shared with teachers, staff members, and parents who are responsible for volunteers.

Sincerely,

Dr. Mike McLaughlin, Ed.D
Superintendent

School: _____

Student Name: _____ Grade: _____
Last First

Student Name: _____ Grade: _____
Last First

Volunteer: _____ Date of Birth: _____
Last First Middle Initial (mm/dd/yy)

CA Drivers License or I.D. Number: _____ Zip Code: _____

I authorize the San Leandro Unified School District to submit this information to the Sheriff's Department if necessary to complete the volunteer screening process.

Signature _____ Date: _____

Relationship to Student: (please check one) Parent1 / Guardian1 Parent2 / Guardian2 Grandparent

Other (please specify): _____ Aunt Uncle

FOR OFFICE USE ONLY

CLEARED: YES NO Database checked on _____ Initials _____