

CASTRO VALLEY UNIFIED SCHOOL DISTRICT
MEGAN'S LAW VOLUNTEER SCREENING REQUEST
Clearance through September 30, 2

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 Castro Valley 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,

Parvin Ahmadi
Superintendent

School: _____
Student Name: _____ Grade _____
Last First

Student Name: _____ Grade _____
Last First

Volunteer Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ (mm/dd/yyyy)

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

I authorize the Castro Valley 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 Aunt Uncle Other (please specify): _____

***** **for office use only** *****

CLEARED: YES NO Database checked on _____ Initials _____



Volunteer Confidentiality Agreement Castro Valley Unified School District

I understand that as a volunteer of the Castro Valley Unified School District (CVUSD) I share the responsibility of maintaining confidentiality pertaining to any employee or student information that may be available to me. I understand that it is my responsibility to assure the rights and confidentiality of both written and verbal information. As a volunteer, I will work with the highest standards and know that my work is beneficial to the students of CVUSD.

I understand that I am not to discuss academic or any other confidential information regarding any student or employee with anyone. Breach of confidentiality may result in the termination of my volunteer opportunities.

I acknowledge that I have read and understand this statement of confidentiality.

Signature of Volunteer

Date

Volunteer First & Last Name (printed)

Location(s) of Volunteer (School Name or District Department)

Student(s) Name(s) & Grade(s)

Volunteer's Relationship to Student(s): _____

To be completed every year.

Form to stay on file at site of volunteer work.