

VOLUNTEER CLEARANCE AUTHORIZATION FORM

School Site

Student(s) Name

Step 1: Complete this form

Step 2: TB Risk Assessment: Please provide a negative TB Risk Assessment Questionnaire, completed within the last 60 days (must be completed and signed by a licensed healthcare practitioner). The form is available on our website.

Step 3: Submit the following documents: This completed form, TB Risk Assessment, copy of current California Driver's License or current California ID card to your school site Principal for approval.

Step 4: Approved Volunteers will be contacted via email by the District Office for fingerprint scheduling. The cost of fingerprinting for a volunteer varies depending on where you go. If you go to IAR in San Bruno, the cost is currently \$72 (subject to change without notice). Please note that fingerprint results can take up to two weeks.

NAME (Last, First, Middle)	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	
DRIVERS' LICENSE # OR PHOTO ID # (COPY OF LICENSE OR ID REQUIRED)	
DATE OF BIRTH (REQUIRED)	
PLACE OF BIRTH (REQUIRED)	

Principal Approval: I am referring the above referenced candidate for Volunteer Clearance Authorization.

Principal's Name