

MT. DIABLO UNIFIED SCHOOL DISTRICT

JAMES W. DENT EDUCATION CENTER 1936 Carlotta Drive Concord, CA 94519-1397 Phone (925) 682-8000

VOLUNTEER REQUEST FORM

Date:	
Thank you for taking the time to become a volunteer for	or Mt. Diablo Unified School District.
,	ackground check with the California Department of Justice e, and are valid throughout the school district. The district
Tuberculosis (TB) Clearance: Contact your physician law. If you do not have a physician, you can visit www clearance cannot be older than 60 days. You will not b documentation. TB clearance remains valid for 4 year responsibility to update it when it expires.	be cleared to volunteer until our office receives this
Volunteer Name:	
Student Name(s):	
School(s):	
Please check one: □ Parent/Guardian/Family Member □ Communication	ty Member
Disclaimer: Mt. Diablo Unified School District is not responsible for, nor has any authority over DOJ response	
TO BE COMPLETED BY DISTRICT PERSONNEL: Once you are cleared to volunteer, this form will be mailed to you for your records.	
Volunteer Clearance Date (Invalid W/out District Stamp):	TB Expiration Date: