☑ Volunteer

MT. DIABLO UNIFIED SCHOOL DISTRICT
JAMES W. DENT EDUCATION CENTER
1936 Carlotta Drive
Concord, California 94519-1397
www.mdusd.org
(925) 682-8000

REQUEST FOR LIVESCAN SERVICE – APPLICATION SUBMISSION

APPLICATION INFORMATION EMAIL:_____

Name _____
Last First Middle

Alias/Maiden Name_____
Last First Middle

Date of Birth _____ ☐ Male or ☐ Female
Month/Date/Year

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth:
If born within the United States: City: _____ State: _____

If born outside the United States:

City: _____ State: _____ Country: _____

Country of Citizenship: _____ Documented: ☐ Yes ☐ No

S.S. # ☐☐☐-☐☐-☐☐☐☐ CA Driver's Lic. # _____ EXP:__

Street Address: _____

City: _____ State: _____ Zip Code: _____

Resident of California (Number of Years) _____ Telephone: ( ) _____

IF LESS THAN 1 YEAR – BOTH DOJ AND FBI ARE REQUIRED

MDUSD Job Title: **VOLUNTEER** **School Site(s):**

District Personnel Use Only: ORI: A1160

Level of Service Requested: ☑ D.O.J. ☐ F.B.I.

Type of Application: ☐ Employment ☐ License/Permit ☐ Certification ☑ Volunteer

Email Code: ☐ 03205 Certificated ☐ 03226 Classified ☑ 03226 Volunteer

_____ _____
Operator Name Person Requesting Clearance

_____ ATI #: _____
Service Location Name

_____ R2 ATI # _____
Transmittal Date

_____ _____
RE-Submittal Date Date of D.O.J. Response