San Diego Unified School District

REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

This form MUST be signed by School Principal.

☒ **CATEGORY C – CRIMINAL BACKGROUND CHECK (E.A.R. Tutors Only)**

☐ **RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK (You had D clearance last year.)**

☐ **CATEGORY D VOLUNTEER - FINGERPRINT (You did NOT have D clearance last year.)**

Date:_____ Requesting School: E.B. Scripps Elementary Loc Number:. 090

Volunteer Name: _____
First Name Full Middle Name Last Name

List any other names used in the past: _____

Address:_____ City:_____ Zip:_____

Date of Birth:_____ Phone: _____
Month Day Year

Driver's license #:_____ State issued: _____

Other Gov. Issued ID type (**if no driver's license**):_____ ID # _____

(Please note: By recommendation from the Department of Justice, Mexico identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a **new** or **returning** volunteer: ☐ New ☐ Returning

Are you a volunteer at another SDUSD school? ☐ YES ☐ NO

If yes, please list the school(s): _____

Parents: please list the name(s) of your student(s): _____

Please check volunteer activity: ☒ On-site tutor outside of classroom (Cat C) ☐ Overnight field trip chaperone (Cat D)
☐ Walk-on coach/Athletic Support(Cat D) ☐ Other _____

Are you being **compensated** for your services? ☐ YES ☒ NO

Principal acknowledges hiring of individual above at their site.

Principal's Signature:_____ Date: 2026-2027

For SDUSD School Police Services office use only:

☐ **Ok to volunteer** ☐ **Deny as volunteer**

By:_____ Date: _____
SDUSD School Police Services

School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned.

Send completed form to: Mrs. Dee at dwyttenbach@sandi.net