



**SECTION 1 - VOLUNTEER TO COMPLETE**

Volunteer Name (Last, First, Middle): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*I agree to perform in good faith my assigned or authorized volunteer duties as determined by Western Washington University. In order to successfully accomplish these volunteer duties, I agree to comply with applicable WWU policies and procedures, state laws, and state regulations. I understand that as a registered volunteer with the University, I am deemed a worker for all purposes relating to applicable Worker's Compensation benefits under RCW 51.36. I understand that I am not being paid, reimbursed or compensated in any other way by WWU for service or time. Are you under the age of 17? \_\_\_ Yes \_\_\_ No*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2 - DEPARTMENT TO COMPLETE**

Department: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Bldg/Rm#: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Begin Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approx. Hrs/Month: \_\_\_\_\_

Are any of these duties normally performed by a classified staff member? \_\_\_ Yes \_\_\_ No

**Will the duties of the volunteer involve driving? \_\_\_ Yes \_\_\_ No**

**If Yes, has WWU's Basic Safety Program been completed? \_\_\_ Yes \_\_\_ No**

*I have reviewed this application; approving this form certifies that the above information is true and accurate. I certify that this volunteer is not being paid, reimbursed or compensated in any other way by WWU for service or time.*

*I have read the Security Sensitive Position Assessment and have determined that a criminal background check is \_\_\_ necessary \_\_\_not necessary.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send all documents to Human Resources; MS-5221 Ph: x3774**

**SECTION 3 - HUMAN RESOURCES TO COMPLETE**

**Duties reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CCV reviewed by:**  N/A \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY: LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_