



WALLA WALLA COMMUNITY COLLEGE VOLUNTEER APPLICATION FORM

SECTION I: TO BE COMPLETED BY VOLUNTEER

Name: _____ Email Address: _____

Address: _____

Phone #: (____) _____

City, State, Zip

Emergency Contact Person: _____ Phone#: (____) _____

Describe the nature of work you will be performing: _____

1. Do you have a civic, charitable or humanitarian reason for volunteering? ☐ Yes / ☐ No

If yes, please describe: _____

2. Will you receive any academic credit for your duties? ☐ Yes / ☐ No

If yes, please describe the academic credit and institution of learning: _____

3. Is the training you receive valuable to career advancement? ☐ Yes / ☐ No

If yes, please describe the potential for career advancement. _____

STATEMENT OF VOLUNTEER

I attest that it is my intent to volunteer my services to WWCC for the above reasons, and that I understand/expect that I will receive no form of payment for the work I will perform.

I consent to a Background Check before my first day as a volunteer. I agree to respond promptly to an email confirming my consent, so that the Background Check can be completed before I start as a Volunteer at WWCC.

Volunteer Signature

Date

SECTION II: TO BE COMPLETED BY SUPERVISOR

1. Department: _____

2. Supervisor (please print): _____

3. Is the applicant employed on a paid basis with WWCC?

☐ No **If NO, please skip to question #4.**

☐ Yes. If yes, please answer the following:

1a). Describe work performed for WWCC: _____

1.b) Start Date: _____ End Date: _____ Hours per week: _____

1.c) Will there be a set schedule for the volunteer? ☐ Yes / ☐ No

If yes, please describe the schedule _____

1. c) Is the applicant paid to perform the same work elsewhere that they want to as a Volunteer?

☐ Yes / ☐ No

1. d) If you are paid for different work, describe the difference between paid duties and volunteer duties:

- 1.e) Does the applicant receive any of the following from WWCC:

a. Compensation?

☐ Yes / ☐ No

b. Benefits such as health insurance or a retirement plan?

☐ Yes / ☐ No

c. Reimbursement of expenses such as meals or transportation?

☐ Yes / ☐ No

If the answer is yes to any of the above questions, please describe, and the basis under which it is paid:

4. Does the applicant work and receive pay from elsewhere than WWCC?

☐ Yes / ☐ No

If yes, place of employment: _____

STATEMENT OF SUPERVISOR

I understand that the information provided here will be used to determine whether the individual is a bona fide volunteer not subject to the minimum wage and overtime laws. I also understand that a Background Check must be completed before any work can be performed as a WWCC volunteer.

Supervisor Signature

Date

VICE PRESIDENT OF DEPARTMENT

Vice President Signature

Date

HUMAN RESOURCES

Background Check Completion Date: _____

Volunteer Status Approved: ☐ Yes / ☐ No

Human Resources Representative Signature

Date