



WALLA WALLA COMMUNITY COLLEGE VOLUNTEER APPLICATION

SECTION I: To be completed by Volunteer

Note: please print clearly!

Name: _____ Phone #: _____

Email Address: _____

Address: _____

Emergency Contact: _____ Phone #: _____

Describe the volunteer work you will be performing: _____

1. Do you have a civic, charitable or humanitarian reason for volunteering? YES _____ NO _____

If yes, please describe: _____

Will you receive academic credit for your volunteer duties? YES _____ NO _____

2. If yes, list institution and credits: _____

3. Will the training you will receive valuable for your career advancement? YES _____ NO _____

If yes, please describe: _____

4. Do you work and receive pay from elsewhere than WWCC? YES _____ NO _____

If so, for what employer: _____

5. Are you paid to perform the same work elsewhere as you will volunteer? YES _____ NO _____

6. Do you 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 you answer yes to any of the above, please describe: _____

STATEMENT OF VOLUNTEER

I attest that it is my intent to volunteer my services to WWCC for the reasons above, and that I understand and 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 work as a volunteer at WWCC.

Signature of Volunteer: _____ Date: _____



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SECTION II: To be completed by Supervisor

1. Supervisor: _____ Department: _____
2. Is the applicant employed on a paid basis with WWCC? YES _____ NO _____
If yes, in what capacity? _____
3. Volunteer work to be performed: _____
4. Start Date: _____ End Date: _____ Hours per week _____
4. Will the volunteer have a set schedule? YES _____ NO _____ If yes, schedule: _____

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 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.

Signature of Supervisor: _____ Date: _____

Departmental Management

Department: _____

Signature of Supervisor's manager: _____

Human Resources

Date Application Received: _____

Background Check Completion Date: _____

Volunteer Status Approved: YES _____ NO _____

Signature of Human Resources Representative _____ Date _____