



EASTERN WASHINGTON UNIVERSITY VOLUNTEER SERVICE AGREEMENT

SECTION I: VOLUNTEER INFORMATION (to be completed by volunteer)		
Volunteer's Name:	Volunteer's EWU ID (if student or staff)	Volunteer's Date of Birth:
Volunteer's Address:	Volunteer's Phone Number:	
Volunteer's Email:	Emergency Contact Name:	Emergency Contact Phone Number:
Are you employed at EWU? Yes No If yes, provide department, position, current FTE and a brief description of duties & responsibilities:		
Disclaimer: I understand that my volunteer service is unpaid and I do not expect a paid position in the future or any other tangible benefit in return for my volunteer service. I further understand that Eastern Washington University may terminate this agreement at any time without prior notice. I understand that I will be subject to a background check if the position includes unsupervised access to the developmentally disabled, vulnerable adults or children and/or is involved in the receipt of, or accountability for, university funds or other items of value. I have been given an orientation informing me of university policies and procedures that are relevant to my volunteer activities. I have also been informed of university procedures for reporting accidents, occupational illnesses, and workplace incidents. I have also been provided a safety orientation and training that are relevant to my volunteer activities.		
Volunteer's Signature: _____		Date: _____

SECTION II: PARENTAL CONSENT (to be completed by volunteer's parent if the volunteer is a minor)		
I grant permission for my minor child to serve as an unpaid volunteer as described above. If my minor child requires emergency medical treatment while serving as a volunteer, I consent to such treatment.		
Parent/Guardian: _____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

SECTION III: VOLUNTEER WORK DETAILS (to be completed by supervisor)		
Volunteer Start Date:	End Date: <small>(Needed even if just an estimate)</small>	Supervisor(s) Responsible for Volunteer:
Supervisor Phone:	Supervisor Email:	Department(s) / Project(s) where volunteer will provide service:
Description of duties & responsibilities of the volunteer:		
Will this position, during the course of University volunteering, be involved in: unsupervised access to the developmentally disabled, vulnerable adults or children? Yes No Will this position, during the course of University volunteering, be involved in the receipt of, or accountability for, university funds or other items of value? Yes No If either box is checked "Yes" a HireRight background check must be completed before the volunteer may start.		
Supervisor signature required before turning in completed form to HR.		
As the supervisor to the volunteer listed in Section III, I agree to oversee the volunteer's training and activities. I also agree to document the dates and hours of the volunteer's services to my Department and provide this data to Payroll.		
Supervisor Signature: _____		Date: _____
Appointing Authority Signature: _____		Date: _____

CHECKLIST FOR VOLUNTEER SERVICE

Complete Volunteer Service Agreement

Complete Conviction/Criminal History Information Form, if applicable

Provide Information Orientation to Volunteer, including:

- Privacy and Confidentiality; Information Security (EWU Policy 203-01)
- Appropriate Use of University Resources (EWU Policy 901-02)
- Procedures for reporting accidents, occupational illnesses, and workplace incidents
- Safety orientation and training

Provide Duty Orientation to Volunteer; including:

- Work hours & Supervision
- Scope of Activities
- Time Reporting

Review Information for Volunteers

Please return this volunteer application to Human Resources:

- HR@ewu.edu
 - Fax: (509)359-2874
 - Showalter 314, Cheney, WA 99004
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