



## EASTERN WASHINGTON UNIVERSITY VOLUNTEER SERVICE AGREEMENT

<b>SECTION I: VOLUNTEER INFORMATION</b> (to be completed by volunteer)		
Volunteer's Name:	Date of Birth:	
Volunteer's Address:	Phone Number:	
Email:	Emergency Contact Name:	Emergency Contact Phone Number:
Are you employed at EWU? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<b>SECTION II: PARENTAL CONSENT</b> (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: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span><i>Printed Name</i></span> <span><i>Signature</i></span> <span><i>Date</i></span> </div>

<b>SECTION III: VOLUNTEER WORK DETAILS</b> (to be completed by supervisor)		
Volunteer Start Date:	End Date:	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
As the supervisor to the volunteer listed in Section 1, 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 the Department.		
<b>Supervisor Signature:</b>	<b>Date:</b>	
<b>Appointing Authority Signature:</b>	<b>Date:</b>	

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