

EASTERN WASHINGTON UNIVERSITY VOLUNTEER SERVICE AGREEMENT

SECTION I: VOLUNTEER INFORMATION (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, and of procedures for injury reporting and filing workers' compensation claims. 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: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Printed Name</i> <i>Signature</i> <i>Date</i> </div>		
SECTION III: VOLUNTEER WORK DETAILS (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.		
Supervisor Signature: _____		Date: _____
Note: The completed form should be provided to the Supervisor's supervisor and the appointing authority.		

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
 - Procedures for injury reporting and filing workers' compensation claims
 - Safety orientation and training
 - Provide Duty Orientation to Volunteer; including:
 - Work hours & Supervision
 - Scope of Activities
 - Time Reporting
 - Review Information for Volunteers
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