



## VOLUNTEER APPLICATION

OFFICE USE ONLY: LAST NAME:

FIRST NAME:

The Industrial Insurance code of the State of Washington (RCW 51.12.035) requires that all volunteers performing services for any state agency (Central Washington University) shall be deemed employees and/or workers for all purposes relating to medical aid benefits under the law (Chapter 51.36 RCW).

### SECTION 1 - VOLUNTEER INFORMATION

Volunteer Name (Last, First, Middle): \_\_\_\_\_ SS #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 - DEPARTMENT INFORMATION

Department: \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
 Bldg/Rm#: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Project ID: \_\_\_\_\_  
 Begin Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have reviewed this application; approving this form certifies that the above information is true and accurate. I certify that this volunteer is not being paid, reimbursed or compensated in any way by CWU for service or time.

I have reviewed CWU's Volunteer Policy and Procedure.  
Based on the policy, this volunteer needs a background check.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- \* A new Volunteer application must be submitted each fiscal year.
- \*\* Volunteer timesheets must be submitted at the end of each fiscal quarter.
- \*\*\* Submit requests for system access for volunteers via a Service Desk Ticket

**Upon completion of this application, send to Payroll Services - MS-7425**

Payroll/Background Check Reviewed: \_\_\_\_\_ (initials)