



## VOLUNTEER APPLICATION

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: \_\_\_\_\_  
 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.

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

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

**Upon completion of this application, send to Payroll Services; MS-7479**

**\*\* Volunteer timesheets must be submitted at the end of each fiscal quarter.**

**\*\*\* Submit requests for system access for volunteers via a Service Desk Ticket**

OFFICE USE ONLY: LAST NAME:

FIRST NAME: