Dear Volunteer Applicant,

Thank you for your interest in volunteering at Green River Community College. Volunteers play a vital role by supporting college operations and assisting students. I hope you will choose to join the dedicated group of people who render such a valuable service to Green River.

If you already have a supervisor and volunteer assignment, please complete the Volunteer Application Form, Employment Background Investigation Authorization, and Memorandum of Understanding. Sign all three forms, have your supervisor cosign the Memorandum of Understanding, and then submit the forms to the GRCC Foundation office.*

If you do not have a supervisor or volunteer assignment, please complete the Volunteer Application Form, Employment Background Investigation Authorization, and Memorandum of Understanding (leave the supervisor’s name and department blank). Submit the forms to the GRCC Foundation office.* Every effort will be made to find a volunteer assignment that matches your interests and availability. You will be notified as soon as an assignment opens. Feel free to contact me at (253) 288-3346 or mswagenon@greenriver.edu for updates.

A Volunteer Hours Report form is also attached. You are responsible for tracking your volunteer hours. At the end of each time period given on the form, please have your supervisor sign your timesheet and return it to the GRCC Foundation office.* You and your supervisor should agree when you will volunteer and how to notify your supervisor of schedule changes.

Please do not hesitate to call (253-288-3346) or email (mswenon@greenriver.edu) me with any questions. Congratulations on making the choice to volunteer – it’s an amazing experience!

Sincerely,

Matthew Swenson
Development Specialist

**ELIGIBILITY NOTICE:**

- If you are a GRCC student employed on a paid part-time hourly, work study, or work grant basis, you cannot legally volunteer in a role with similar duties. If you are unsure whether a volunteer position is similar enough to qualify, please call me at (253) 288-3346.

- All volunteer positions require a background verification. Any information obtained will be kept confidential and used only for legitimate business purposes. A criminal record will not necessarily disqualify you from volunteering.

*The GRCC Foundation office is located in room AD-17 in the Administration building. Forms can also be mailed to Matthew Swenson, GRCC Foundation, 12401 SE 320th St., Auburn, WA, 98092.*
VOLUNTEER APPLICATION FORM

Name: ___________________________ Date: ____________

Day Phone: ______________________ Evening Phone: ______________________

Email Address: ____________________________

Mailing Address: ____________________________

Are you a current GRCC student? (please circle one) Y / N  Student ID#: ____________________________

I. Skills and Interests

Present employment or past work experience: ____________________________________________

Previous volunteer experience: _________________________________________________________

Educational Background: _______________________________________________________________

Community or professional group memberships: _____________________________________________

Hobbies, Interests, Skills: ______________________________________________________________

Foreign Language Skills:  
1. _______________ Read: Y / N  Write: Y / N  Speak: Y / N
2. _______________ Read: Y / N  Write: Y / N  Speak: Y / N

References:  
1. Name: ___________________________ Relationship: ___________________________
   Phone: ___________________________ Email: ___________________________
2. Name: ___________________________ Relationship: ___________________________
   Phone: ___________________________ Email: ___________________________

How did you learn about this program? ____________________________________________

What sort of volunteer work interests you? Please check below:

☐ Court Reporting  ☐ English for Speakers of Other Languages
☐ General administration/clerical  ☐ Specific program (name) _______________________
☐ Writing/Editing  ☐ Working in a classroom
☐ Working with students one-to-one  ☐ Working with faculty/staff
☐ Other (please describe): ___________________________________________________________
II. Availability

Preferred location:  
- [ ] GRCC Auburn Campus  
- [ ] GRCC Kent Campus  
- [ ] GRCC Enumclaw Campus  
- [ ] Off campus site

If off campus, please specify site: __________________________________________________________________________

Preferred schedule (please circle):  
Mon. [ ]  
Tues. [ ]  
Wed. [ ]  
Thurs. [ ]  
Fri. [ ]  
Sat. [ ]  
Sun. [ ]

Preferred times (by day):  

III. Personal

Emergency contact: ____________________________  Phone: ____________________________

Please list below any allergies or physical conditions we need to know about or accommodate:  

________________________________________________________________________

Please complete this form as well as the Employment Background Investigation Authorization and the Memorandum of Understanding forms (see the cover page for details). Please return these forms to the GRCC Foundation office.* We appreciate your willingness to serve Green River Community College with your time and talent.

Signature: ____________________________  Date: ____________________________

*The GRCC Foundation office is located in room AD-17 in the Administration building. Forms can also be mailed to Matthew Swenson, GRCC Foundation, 12401 SE 320th St., Auburn, WA, 98092.
MEMORANDUM OF UNDERSTANDING

Green River Community College agrees to:

- Provide meaningful volunteer opportunities.
- Screen, possible place, orient, train, and evaluate volunteers.
- Provide knowledgeable supervisory personnel to oversee volunteers.
- Provide a safe environment for volunteers.
- Provide state industrial insurance coverage for registered* volunteers.
- Provide parking permits to registered community non-student volunteers.

As a volunteer, I agree to:

- Comply with directions of assigned supervisors and complete any registration forms requested.
- Not volunteer in a position similar to a paid position that I hold (see cover page for details).
- Dress appropriately considering the nature of my assignment.
- Keep commitments regarding promptness and courtesy.
- Notify my supervisor in advance of possible absence.
- **Keep a record of hours worked to be submitted to my supervisor at the end of each calendar quarter.**
- To not engage in the promotion of religious, sectarian, or political activity while volunteering.
- Where required, adhere to policies governing confidential records.
- Adhere to GRCC policies concerning its Drug and Alcohol Free Environment, Non Discrimination Policy and Discrimination Complaint Procedure.

Both Green River Community College and I understand that the volunteer relationship may be terminated at any time by either party. This is not an employment contract.

Please sign and date:

Volunteer: ___________________________ Date: ___________________________
Supervisor (signature): ___________________________ Department: ___________________________
Supervisor (print name): ___________________________ Volunteer Coordinator: ___________________________

Green River Community College does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability, marital status, religion, age or any other unlawful basis in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President of Human Resources, 12401 SE 320th Street, Auburn, WA 98092, (253) 288-3320.

To receive this information in an alternative format, please contact Disability Support Services at (253) 833-9111, extension 2631; or, TTY (253) 288-3359.

* To be registered, volunteers must have a completed and signed Volunteer Application Form, Employment Background Investigation Authorization and Memorandum of Understanding on file with the GRCC Foundation office.
EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers’ License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Green River Community College and/or any agent of their choice, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Green River Community College and/or the agent of their choice to do so.

II. I understand I am required to report an arrest made between the offer of employment and a decision to hire. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any one contacted by Green River Community College and/or their agent to furnish the information described in Section 1.

V. I hereby authorize, without reservation, Green River Community College and/or their agent, to contact my present and past employer for employment verification/references.

APPLICANT – COMPLETE THE FOLLOWING: 

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<th>Please print full name</th>
<th>Signature</th>
<th>Student ID (if student)</th>
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Position (if known) 
Supervisor name (if known) 
Department (if known) 

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used: __________________________________________

Date of Birth*: __________

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

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Driver’s License Number and State 
Name as it appears on License 

Have you ever been convicted of, or pled guilty or “no contest” to, a crime that has or has not been expunged or removed from your record? □ No □ Yes

If yes, please explain: (Make sure to include the city/state/county and the year the crime occurred for each conviction.) __________________________________________

(The College will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration.)

______________________________

FAIR CREDIT REPORTING ACT, DRIVER’S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUTE (S) NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver’s Protection Act, and any applicable state statute(s).
# VOLUNTEER HOURS REPORT

Months (please check):  
- January to March  
- April to June  
- July to September  
- October to December  

Year: ______

Volunteer Name: __________________________  Total Hours for Quarter: __________

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Please sign and date:

Supervisor (signature): __________________________ Date: __________________________

Supervisor (print name): __________________________ Department: __________________________

Please return this form to the GRCC Foundation office in room AD-17 of the Administration building, or by mail to Matt Swenson, GRCC Foundation, 12401 SE 320th St., Auburn, WA, 98092.