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VOLUNTEER Contact Information Sheet  
**RETURN TO HR BEFORE STARTING VOLUNTEER ASSIGNMENT**

DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

Volunteer Name (Please print) \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth (include year) \_\_\_\_\_ Gender \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Allergies \_\_\_\_\_

Medical conditions that might need emergency attention or assistance \_\_\_\_\_

L&I covered by the following agency (list agency) \_\_\_\_\_

Background check completed by another agency (list agency) \_\_\_\_\_

Background check completed by EvCC (contact HR for info if you need help) \_\_\_\_\_

*Who would you like your supervisor to contact in case of emergency or accident?*

**#1 Contact Name:** (please print) \_\_\_\_\_

**Contact Phone Number:** (include area code) \_\_\_\_\_

**#2 Contact Name:** (please print) \_\_\_\_\_

**Contact Phone Number:** (include area code) \_\_\_\_\_

*I give my permission to release information via my supervisor or his designee to the person or persons listed above on my behalf for emergency purposes. I understand that my signature below allows EvCC to perform a background check.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### VOLUNTEER Registration Form

To: Human Resources

Date: \_\_\_\_\_

From: \_\_\_\_\_

We have met with \_\_\_\_\_, who has requested to volunteer for the Department/Office of \_\_\_\_\_ for the period of \_\_\_\_\_.

He/She will work a maximum of \_\_\_\_\_ hours per day and understands his/her assignments will be limited to

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*I have read and understand that my status with Everett Community College is that of a volunteer employee in the capacity of \_\_\_\_\_*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Office Name: \_\_\_\_\_

Start/End Dates: \_\_\_\_\_

Department Budget Number: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**If applicable:**

Sponsor/Agency:

Contact Person:

Phone: