



Human Resources
 516 High Street, MS 9054
 Bellingham, WA 98225-5996
 Phone: (360) 650-3774
 Fax: (360) 650-2810

VOLUNTEER APPLICATION

To be filled out by volunteers not employed or students of WWU.

SECTION 1 – VOLUNTEER TO COMPLETE	
Volunteer Name (Last, First, Middle):	Phone:
Mailing Address:	Email:
Emergency Contact:	Phone:
<p><i>I agree to perform in good faith my assigned or authorized volunteer duties as determined by Western Washington University. In order to successfully accomplish these volunteer duties, I agree to comply with applicable WWU policies and procedures, state laws, and state regulations. I understand that as a registered volunteer with the University, I am deemed a worker for all purposes relating to applicable Worker's Compensation benefits under RCW 51.36. I understand that I am not being paid, reimbursed or compensated in any other way by WWU for service or time.</i></p>	
<p>Are you under the age of 17? YES ___ NO ___</p>	
Volunteer Signature (or parent/guardian if under 17):	Date:
<p>Please return this signed form to your supervisor. Questions? Contact Human Resources –360-650-3774, email: volunteer@wwu.edu</p>	

