Community Colleges of Spokane
VOLUNTEER AND STUDENT INTERN AGREEMENT

I, _____ **agree to the following conditions for providing volunteer or intern services to Community Colleges of Spokane (CCS):**

1. I will not present myself to the public as a representative or paid employee of CCS.
2. I agree to accept only those assignments and/or engage in only those activities which have been assigned or authorized by CCS staff.
3. Volunteers and Interns are provided workers compensation and state industrial insurance benefits while engaged in their volunteer or intern duties. I understand that to be covered under these programs I must perform all my duties in a designated CCS workplace.
4. I understand that I am required to meet attendance and performance requirements.
5. I understand that I will be responsible for completing a monthly time report of my volunteer hours worked.
6. I will not discriminate in the performance of my duties on the basis of race, color, sex, sexual orientation, religion, marital status, national origin or disability.
7. I acknowledge that CCS is a drug free workplace, and therefore will not report for volunteer or intern activities under the influence, or in the possession of, alcohol or illegal drugs.
8. I understand that I am responsible and liable for my own actions and agree to use due care and caution when providing volunteer or intern services.
9. I understand that, with CCS authorization, I may be eligible to receive reimbursement for actual expenses I incur in the performance of my duties as a volunteer or intern. I understand that in order to receive reimbursement I will need to complete Internal Revenue Service Form W-9 and submit the form to CCS.
10. I understand that if CCS authorizes me to use my personal automobile for my volunteer or intern services that I am required to keep in effect automobile liability insurance equal to or higher than that required by the laws of the state of Washington.
11. I understand that CCS may ask me to authorize a criminal background check of myself and that if a background check is required I will not be eligible to participate in any CCS volunteer or intern activities until the background check is completed and approved by CCS.
12. I understand that I may be asked by CCS to review, sign, and comply with a confidentiality agreement intended to protect CCS clients.
13. I understand that I am not eligible to begin my volunteer or intern duties until this agreement has been signed by the authorized CCS representative.
14. I understand that failure to comply with the conditions of this agreement may be grounds for termination from the volunteer or intern program.

Signature of applicant _____ **Date** _____

The person named above is accepted as a volunteer or intern with Community Colleges of Spokane and has been provided with a copy of this signed and dated agreement.

Authorized CCS staff signature _____

Printed staff name _____ **Printed date** _____