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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | | | 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. | | | | | | | | | |
| 1. I agree to accept only those assignments and/or engage in only those activities which have been assigned or authorized by CCS staff. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. I understand that I am required to meet attendance and performance requirements. | | | | | | | | | |
| 1. I understand that I will be responsible for completing a semi-monthly time report of my volunteer hours worked. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. I understand that I may be asked by CCS to review, sign, and comply with a confidentiality agreement intended to protect CCS clients. | | | | | | | | | |
| 1. 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. | | | | | | | | | |
| 1. I understand that failure to comply with the conditions of this agreement may be grounds for termination from the volunteer or intern program. | | | | | | | | | |
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| **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.** | | | | | | | | | |
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| **Authorized CCS staff signature** | | | |  | | | | | |
| **Printed staff name** |  | | | | | **Printed date** | |  | |