# VOLUNTEER SERVICES AUTHORIZATION FORM

**CLARK COLLEGE HUMAN RESOURCES**

\*Effective July 1, 20**\_\_** through June 30, 20**\_\_** (insert current fiscal year)

To satisfy the requirements of RCW 51.12.035 requiring volunteers to register in advance of their service. May not be used for person under age 15.

**A background check of criminal history is required for any volunteer who may have unsupervised access to students, children or vulnerable adults.**

Please return this form to Human Resources, Baird Administration Building, **prior** to starting your volunteer services

I propose to serve as a volunteer for Clark College as a: **\_\_\_\_**  in the

 **\_\_\_\_**  Department

I understand that I must submit a Volunteer Services Time Sheet (attached) to the Clark College Payroll Office by the end of each month in which volunteer hours are served. I understand that my role as a representative of Clark College is limited to the activity described above, and to the number of hours subsequently submitted on Volunteer Services Time Sheets.

Please check:

New volunteer: [ ]

Returning volunteer: [ ]

**\_\_\_\_**

Please Print Name

**\_\_\_\_**

Street Address

**\_\_\_\_ \_\_\_\_ \_\_\_\_**

City State Zip

**\_\_\_\_**

Telephone

**\_\_\_\_**

Email address

**\_\_\_\_**

Signature of Volunteer

\*\* Have you lived outside the U.S. in the last 7 years? No [ ]  Yes [ ]

## BY SIGNING THIS FORM THE SUPERVISOR AGREES (CHECK ONE):

[ ]  Volunteer will not have unsupervised access to students, children or vulnerable adults.

**Background check is not required.**

**-OR-**

[ ]  Volunteer may have unsupervised access to students, children, vulnerable adults, or driving a college vehicle.

**Background check is required prior to beginning volunteer service.**

**-OR-**

[ ]  Volunteer may have unsupervised access to students, children or vulnerable adults.

**Background check has previously been ran and results have been received.**

**\_\_\_\_ \_\_\_\_**

Print Supervisor’s Name Extension

**\_\_\_\_ \_\_\_\_**

Supervisor’s Signature Date

**\_\_\_\_**

Budget #

**\_\_\_\_ \_\_\_\_**

Accepted for Human Resources Date

\*Authorization valid for stated year only. Must be renewed for additional year(s).