

Non-Employee Volunteer/Intern Agreement

I, _____, volunteer to work for Edmonds College.

I understand that I am freely and willingly providing my time and effort and will not receive a salary or wages for my time spent in volunteer status to the college. However, with advanced supervisory approval, I may claim reimbursement for actual expenses necessarily incurred in the performance of assigned or authorized duties.

SSN: _____ Email: _____

Volunteer Signature: _____ Date: _____

Supervisor Name (please print): _____

Supervisor Signature: _____ Date: _____

Department Name: _____

Period of volunteer service:

Start Date: _____ End Date: _____

Unexpired photo identification is also required. Photocopy of identification provided: Yes ____ No ____

DOCUMENTATION FOR VOLUNTEERS

In order to complete a background check and obtain an SID number, which will give you access to obtain an EdPass, the attached documents need to be completed for your file. Please bring completed forms and photo identification to Human Resources.

NOTE: If you later become an employee of Edmonds College, you will be asked to complete a set of "New Hire" paperwork.



Employee Personal Information Form

Select employee type: ___ Classified ___ Student ___ Volunteer ___ PT Faculty ___ FT Faculty ___ Exempt ___ PT Hourly

Department Name: _____ Supervisor Name: _____

YOUR PERSONAL INFORMATION

Last Name: _____ First Name: _____

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone number: _____ Secondary Phone number: _____

Email Address: _____

Mailing Address (If different): _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to self: _____ Contact Phone: _____

EMPLOYEE SIGNATURE REQUIRED

Employee Signature: _____ Date: _____

FOR HUMAN RESOURCES OFFICE USE ONLY

Entered: _____ Date: _____



CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

(Potential) Employee Name: _____ Email: _____

Supervisor Name and Department: _____

Employee type: ___ Classified ___ Student ___ Volunteer ___ PT Faculty ___ FT Faculty ___ Exempt ___ PT Hourly

Congratulations on being selected for a position at EdC!

This job offer is conditioned upon your consent to, and successful passing of, the College’s criminal background check.

So that we can promptly initiate the required background check, please sign and date below, and return this original document, in person or by mail, immediately to:

**Edmonds College
Human Resources (Clearview Hall)
20000 68th Avenue W
Lynnwood, WA 98036**

I hereby agree to a criminal background check as a condition for consideration of this position.

Signature

Date (mm/dd/yy)

Print name as it appears on your Social Security card

Current Street Address (no P.O. Box addresses)

Social Security Number

Current City, State, Zip

Date of Birth (mm/dd/yy)

Current Phone Number

Email

If under 18 years of age, parent/guardian name and signature is required

Print parent/guardian name

Parent/guardian signature

***** **FOR INTERNATIONAL BACKGROUND CHECKS** *****

Street Address in home country

Home Country City, Country/Region & Zip code

City & Country of Birth

National ID Number

Mother’s Maiden Name

Father’s Full Name

For Chinese background checks please write your full name in Chinese characters.