



## Non-Employee Volunteer/Intern Agreement

I, \_\_\_\_\_, volunteer to work for Edmonds Community 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: \_\_\_\_\_

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 Community 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: \_\_\_\_\_

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: \_\_\_\_\_

ACA \_\_\_\_\_



# CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

(Potential) Employee Name: \_\_\_\_\_

Supervisor Name and Department: \_\_\_\_\_

Employee type: \_\_\_ Classified \_\_\_ Student \_\_\_ Volunteer \_\_\_ PT Faculty \_\_\_ FT Faculty \_\_\_ Exempt \_\_\_ PT Hourly

### Congratulations on being selected for a position at EdCC!

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 Community College  
Human Resources (Clearview Hall)  
20000 68<sup>th</sup> 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

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.