

Volunteer/ Unpaid Intern Action Form

SECTION 1: VOLUNTEER/INTER INFORMATION (To be completed by applicant)

NAME: Last: _____ First: _____ MI: _____
 SSN: _____
 Date of Birth: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone Number: Mobile: _____ Home: _____
 Email: _____
 Emergency Contact Name: _____ Relationship: _____
 Phone Number: _____
 If applicant is a visa holder, see SECTION III.

Disclaimer: I understand that my volunteer service is unpaid and I do not expect a paid position in the future or any other tangible benefit in return for my volunteer service. I further understand that the Highline College may terminate this agreement at any time without prior notice.

Applicant Signature: _____ **Date:** _____

SECTION II: VOLUNTEER/INTERNSHIP DETAILS (To be completed by supervisor)

Volunteer Start Date: _____ End Date: _____
 Direct Supervisor: _____ Supervisor Extension: _____
 Work Location: Building/ Room#: _____ M/S: _____ Dept. #: _____
 Hours of work: From: ___ am/pm to ___ am/pm Days/week: Su M T W Th F Sa

If you answer yes to any of the 4 questions below, have the volunteer complete a Background Check Authorization form.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will this person work unsupervised with students or vulnerable persons?
<input type="checkbox"/>	<input type="checkbox"/>	Will this person have access to confidential information and records?
<input type="checkbox"/>	<input type="checkbox"/>	Will this person have access to cash or financial and accounting information?
<input type="checkbox"/>	<input type="checkbox"/>	Will this person have unsupervised access to building and/or security information?

Exceptions: Check if applicable- no background check necessary

-- A minor

-- A student performing an internship in conjunction with their program of study

SECTION II (continued)

Description of duties & responsibilities of the volunteer:

Disclaimer: As the supervisor to the volunteer listed in Section I, I agree to oversee the volunteer's training and activities. If the volunteer holds a visa, he/she is authorized to serve based on his/her visa status. I also agree to document the dates and hours of the volunteer's services to the Highline College.

Supervisor Signature: _____

Date: _____

SECTION III: VOLUNTEER/INTERN WORK STATUS IN U.S.

I understand that performing volunteer service on a visa that does not permit work may subject the college to significant fines and negatively affect the visa holder's status. I am authorized to perform volunteer service because I hold a _____ visa or a _____ visa and an Employment Authorization Document.

Applicant Signature: _____

Date: _____