



## PROCEDURE FOR NON-EMPLOYEE AND VOLUNTEER SERVICE

Lower Columbia College recognizes the value of enlisting community and student volunteers to provide a variety of support services to assist in the operation of College programs, events, and activities. Volunteers are representatives of Lower Columbia College who do not receive compensation from LCC, however, volunteers could receive compensation from another institution for their time worked while on the LCC campus. The following guidelines are established in the management and record keeping of non-LCC employees who volunteer for service:

1. All managers of volunteers working in campus-sponsored programs shall develop a policy and records management of volunteer's involvement in accordance with but not limited to sections 2, 3, and 4 of this policy.
  - A. Volunteers in the ASLCC Clubs or Organizations shall abide by procedures for those groups and must be approved by the Director of Student Activities.
  - B. Volunteers participating in unpaid work through Cooperative Education, either on campus or off-campus, shall abide by cooperative work experience procedures, including enrollment in applicable 288/289 courses. Enrollment permission must be approved by the Workforce Services Manager.
2. All volunteers' service to the College is to be requested by the supervisor of the volunteer's activity and approved by Human Resources before their service begins. All volunteers shall complete a LCC Authorization for Release of Information form. Supervisors, on or off campus, are responsible for training volunteers. LCC directors, supervisors, program coordinators, or their designees are responsible for informing volunteers of applicable and relevant College policies for volunteer service.
3. Volunteers and their supervisors are required to sign an agreement and submit a monthly Volunteer Time Sheet to their supervisors, program director, or program coordinator so the volunteer hours can be reported by the Payroll Office to Labor and Industries for insurance purposes.
4. All volunteers are to adhere to all LCC policies and procedures (located on the LCC Faculty & Staff website) including but not limited to the Ethics Laws of the State of Washington and De Minimis Rules. Copies of the De Minimis Rules can be obtained from Human Resources. Please also review LCC Code of Ethics.
5. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. The College is also committed to maintain an environment for teaching and learning which is free of drugs and alcohol.
6. Per Governor Inslee's Proclamation 21-14, college employees, including volunteers, must be fully vaccinated. You must verify your vaccination status before start volunteering. To verify vaccination status or request a medical or religious accommodation, please call the HR Office at (360) 442-2120 or email [hr@lowercolumbia.edu](mailto:hr@lowercolumbia.edu).



# NON-EMPLOYEE VOLUNTEER AGREEMENT

I, \_\_\_\_\_, volunteer to work for Lower Columbia College in  
*Volunteer (print name)*

the \_\_\_\_\_. I understand that I am freely and willingly providing my time  
*Department or Program*

and effort and will not receive a salary or wage from Lower Columbia College for my time spent in volunteer status. However, with advanced supervisory approval, I may claim reimbursement for actual expenses necessarily incurred in the performance of assigned or authorized duties so long as the funds used for reimbursement are not restricted to LCC Students. Additionally, I will provide a monthly volunteer time sheet to my supervisor so my service can be reported for Department Labor and Industries insurance purposes.

I, \_\_\_\_\_ am requesting that the above volunteer be  
*Supervisor (print name)*

approved for service to the College. This volunteer appointment shall be in effect from

\_\_\_\_\_ To \_\_\_\_\_ and will be under my supervision. This volunteer has been  
*Date Date*

provided with a Volunteer Time Sheet, which I will forward each month to the Payroll Office.

**ACTIVITY SUPERVISOR OF VOLUNTEER:** *As the supervisor of the volunteer, I have provided the volunteer with all relevant policies and training, and a copy of the De Minimis Rules and Ethics Laws.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### ASLCC Clubs & Organizations:

\_\_\_\_\_  
Director of Student Activities

\_\_\_\_\_  
Date

**VOLUNTEER** *I agree to represent Lower Columbia College with professionalism, maintain confidentiality as directed by supervisor, and abide by all College policies and procedures.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

### HUMAN RESOURCE SERVICES:

- Disapproved
- Approved

\_\_\_\_\_  
Human Resources Representative  
cc: Supervisor, Payroll

\_\_\_\_\_  
Date



## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Lower Columbia College, its employees, agents, professional investigators, or any representative of the above named College, to perform investigations into my background, past behavior, character, and reputation.

Investigative reports may include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the College named above. I understand that any or all of these investigations or inquiries can be performed prior to my employment or during employment if part of a just cause investigation or pursuant to a collective bargaining agreement.

**EMPLOYMENT** – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

I understand that the information requested is for the use by the College named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the College a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I understand I have the right to request from the consumer reporting agency a written summary of my rights and remedies under the Washington Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the College, any agents of the College, or others reporting to or for the College, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

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**Applicant Full Name (Printed)**

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**Date of Birth**

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**Other Names Used**

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**Current Address**

**City**

**St**

**zip**

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**Other Counties/States lived in the Past 7 Years**

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**Applicant Signature**

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**Date**

**Requesting Supervisor/Department:** \_\_\_\_\_  
**(Internal use)**

## **A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT**

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

### **COMPLAINTS**

**ANY COMPLAINTS BY CONSUMERS UNDER STATE LAW  
MAY BE DIRECTED TO:**

**THE ATTORNEY GENERAL'S OFFICE IN WASHINGTON  
CONSUMER PROTECTION DIVISION**

For Information Call: The Consumer Resource Center

Statewide Toll-Free Number:

**800-551-4636**

Statewide Toll-Free TDD

**800-276-9883**

Complaints May Be Made via U.S. Mail or E-Mail

**To File a Complaint** (Include your U.S. Mail address  
with any complaint.) **Websites & Forms**

