

Department Policy No. HR-231-10

Subject:	WMD Volunteer Program				
Authorizing Source:	Federal Labor Standards Act; Washington State Department of Labor and Industries; Occupational Safety and Health Act				
	Revised Code of Washington (RCW) 51.12.035 Volunteers				
Information Contact:	Human Resource Director Building #33 (253) 512-7941				
Effective Date:	May 1, 2010				
Revised:	January 1, 2017				
Mandatory Review Date:	January 1, 2021				
Approved By:	Bret D. Daugherty, Major General The Adjutant General Washington Military Department Director				

Purpose

To establish a policy and procedure that will:

- 1. Govern the use and assignment of duties for volunteers of the Washington Military Department (WMD).
- 2. Identify responsibilities of volunteers representing the WMD.
- 3. Require compliance with all applicable state and federal laws, regarding the use of volunteers.
- 4. Identify the business standards for the use of Volunteers within the WMD.

Scope

This policy applies to all volunteers of the WMD under the direction of a State WMD Division within the agency. This policy does not apply to federal personnel to include Active Guard Reserve (AGR) and traditional guardsmen in a federal military status or military technicians. This policy is not applicable for the Washington Youth Academy (WYA) Mentorship Program administered in accordance with National Guard Bureau policy and guidelines.

Definitions

- Division Volunteer Coordinator: Divisional staff, if applicable, assigned to ensure appropriate work assignments for approved volunteers performing work within their division.
- Supervisor: Work unit supervisor who sponsors a volunteer and is responsible to ensure volunteers have appropriate work activities, and comply with WMD's policies and procedures.
- Volunteer: An unpaid worker who donates their personal time to provide assistance
 to one or more WMD programs without any expectation of compensation or
 remuneration. Employees in a paid working status or performing their normal job
 duties are not volunteers. A volunteer shall mean a person who performs any assigned
 or authorized duties for the state or any agency brought about by their own free
 choice, receives no wages, and is registered and accepted as a volunteer by the
 agency.

Policy

Volunteers offer their work time, talents, and professional expertise and are an essential component of the work force that supports WMD's ability to achieve its mission.

A. Use of Volunteers

- 1. Volunteers must be sponsored by a specific work unit/site;
- 2. The sponsor must identify the volunteer work duties prior to the volunteer beginning work;
- 3. Tasks assigned to employees can be shared with volunteers, however volunteers will not displace employees or be used in lieu of filling any authorized/funded position;
- 4. Volunteers do not act as agency representatives by making or announcing agency decisions;
- 5. There is no pay or other benefits given to volunteers; and
- 6. There is no promise of future employment.
- 7. Volunteers are not considered as candidates for "internal promotional opportunities".

B. Use of Employees as Volunteers

- 1. Employees may volunteer to perform duties within their own division with approval of the Appointing Authority or his/her designee;
- 2. Must have written work duties of volunteer work that is not their regular paid work duties; and
- 3. Employee must comply with all other requirements of a volunteer including the application, agreement, reference check, and timesheet reporting requirements.
- 4. Employee Volunteers at the WYA facility who normally work in other WMD

- divisions may be required to submit to required Law Enforcement Background Check and Drug Screening.
- 5. Volunteers who have not undergone a required Law Enforcement Background Check and Drug Screening may not have unsupervised contact with any youth academy cadet for any reason.

C. Volunteer Prescreening

- 1. Volunteer must submit a completed WMD Volunteer Application.
- 2. Volunteer must agree to a reference and/or background check similarly required of employees in a particular division;
- 3. Supervisor must perform a minimum of three character reference checks.
- 4. If volunteer service work is part of an educational program, that program coordinator must agree to the terms and limits of WMD's Volunteer Program.
- 5. Volunteers working in the W.Y.A. facility are normally required to submit a Law Enforcement Background Check and Drug Screening if they are to have unsupervised access to youth academy cadets.
- 6. Volunteers must be at least18 years of age.

D. Division Volunteer Coordinator Responsibilities

- 1. Maintains records for volunteers;
- 2. Reviews the Volunteer Application to ensure eligibility requirements are met;
- 3. Provides program leadership to assist supervisors in determining appropriate use of volunteers;
- 4. Ensures timesheets are submitted to state payroll with appropriate budget codes to ensure payment of Worker Compensation Volunteer worker premiums.
- 5. Ensures that an exit interview is completed at the time the volunteership ends.

E. Supervisor Responsibilities

- 1. Provides volunteer timesheets and budget information to the Volunteer Coordinator to ensure that L&I premiums are paid;
- 2. If Volunteer work is part of a formal training or work experience, coordinates the activity with the counselor;
- 3. Supervises the Volunteer's work activities and only assigns work that is appropriate;
- 4. Ensures volunteer only uses equipment where they have demonstrated safe operating procedures;
- 5. Ensures volunteer follows all policies, procedures and the volunteer agreement.
- 6. Ensure volunteer attends Department New Employee orientation briefing.
- 7. Maintains appropriate work record and performance files.
- 8. Upon termination of the volunteer agreement collects any WMD property assigned to the volunteer and notifies IT to terminate any volunteer access permissions granted to include keys, identification badges, vehicle stickers etc.

F. Volunteer Responsibilities

- 1. Completes and provides timesheets to supervisor;
- 2. Follows all WMD policies and procedures;
- 3. Uses state resources and computer access only for official state work;
- 4. Complies with any training or work agreements that apply to volunteer activity;
- 5. Notifies supervisor immediately if work activity exceeds their physical limitations;
- 6. Accesses WMD property only when performing volunteer work; and
- 7. Does not interfere with WMD business and work activities.

G. Termination of a Volunteer agreement

- 1. Training or educational agreement will end on the pre-agreed date;
- 2. Violation of any WMD Policy or Procedure is cause for the Division Director, with recommendations from the Supervisor and Volunteer Coordinator, to terminate a volunteer agreement without notice;
- 3. Any personal event that disqualifies the volunteer from working at WMD;
- 4. Changes in work activities that eliminates the work performed by a volunteer.
- 5. Volunteer is unable to complete assigned duties satisfactorily.

Procedures

These procedures establish the process for the utilization of a Volunteer in the Washington Military Department.

Department Rights

Nothing in these procedures shall negate the rights of the WMD to limit or manage the use of volunteers performing work activities of WMD. WMD has the right to require adherence of this policy and acceptable standards of behavior for this and other policies that apply to employees within the WMD. WMD may consider appropriate actions when a volunteer or employee fails to comply with the laws, policies, and procedures.

A. Volunteer

- 1. Meets with supervisor of desired work area and identify goal;
- 2. Reviews the general scope of work as described by the Supervisor;
- 3. Provides a signed Volunteer Application (MIL Form 853), Volunteer Agreement (MIL Form 854), and Release of Information (MIL Form 855);
- 4. Follows the rules:
 - a) Not drive a state vehicle unless they have a minimum of 2 years of unrestricted licensed driving experience (intermittent license does not count) and obtains special authorization from the Agency Director and/or his designee.

- b) No access is allowed to secured, sensitive, or protected data unless an appropriate background check is completed and is cleared through Human Resources;
- c) Will not identify themselves as an employee or act as agency representatives for official statements, authorizations, or any formal decisions, or relay only information that is provided by WMD employees for that purpose;
- d) Comply will all rules, policies and procedures.
- e) Do not perform any activity that is beyond physical capability;
- f) Report any problems with work activity immediately to the supervisor;
- g) Complete timesheets monthly and submits to Supervisor;
- h) Can access WMD property only when performing the agreed volunteer work activity;
- i) Not participate in any behavior that is disruptive or distracting to others while on WMD property; and
- j) Understand that the Volunteer Agreement can terminate at any time and without notice.
- 5. WYA volunteers must also:
 - a) Comply with special rules that forbid tobacco, drugs and alcohol;
 - b) Maintain appropriate behavior in working with and around youth;
 - c) Participate in criminal background checks; and
 - d) Participate in drug screening.

Exception to criminal background checks and drug screening are individuals who give one-time classes/services that represent a professional industry such as Police, Fire, Criminal Justice, Healthcare, and other professionals. This exception can only be made on a case-by-case basis by the WYA Director.

B. Supervisor - Training/Educational Intern Volunteer

- 1. Supervisor, trainee, and counselor conference to:
 - a) Identify goal(s) of the volunteer work experience;
 - b) Develop a general scope of work;
 - c) Obtain basic information on a volunteer application (MIL Form 853);
 - d) Ensure that the vocational or educational services counselor has approved the activity;
- 2. Ensure that the volunteer understands they are not an employee and agrees to the following limitations:
 - a) Only volunteers over age 18 with a minimum of 2 years of unrestricted licensed driving experience (intermittent license does not count) may with special authorization of the Agency Risk Manager be permitted to drive a state vehicle;

- b) Volunteers will not have access to secured, sensitive, or protected data unless they have the appropriate background check and is cleared through Human Resources; and
- c) Volunteers are not to act as agency representatives for official statements, authorizations, or any formal decisions, unless authorized to relay information provided by WMD employees.
- 3. Submit application packet to Coordinator for approval which includes:
 - a) Budget support (for Workers' Compensation Volunteer Premiums);
 - b) Review work activity list;
 - c) Appropriate Access to facility and data;
 - d) Application Review;
 - e) Background and/or references checks;
 - f) Signed Volunteer Agreement (MIL Form 854);
 - g) Signed Release of Information (MIL Form 855); and
 - h) Include a copy of the training agreement provided by the Counselor.
- 4. Notify the volunteer of the approval and provide a start and end date;
- 5. Obtain timesheets and submit to Volunteer Coordinator
- 6. Terminate Volunteer Agreement as appropriate.

C. Supervisor - General Volunteer

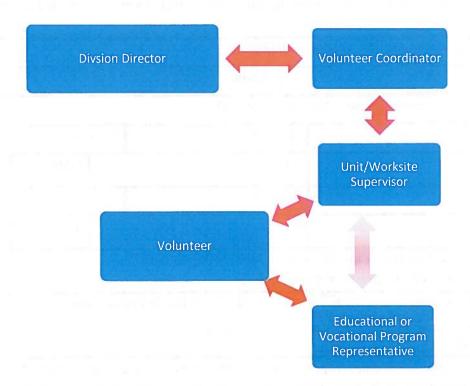
- 1. Supervisor and volunteer meet to:
 - a) Identify goal(s) of the volunteer work experience;
 - b) Develop a general scope of work;
 - c) Obtain basic information on a volunteer application (MIL Form853);
 - d) Ensure volunteer understands that they are not an employee and agrees to the following limitations:
 - i. Only Volunteers over age 18 with a minimum of 2 years of unrestricted licensed driving experience (intermittent license does not count) may with special authorization of the Agency Risk Manager be permitted to drive state vehicles;
 - ii. Volunteer will not have access to secured, sensitive, or protected data unless they have the appropriate background check and is cleared through Human Resources; and
 - iii. Volunteers are not to act as agency representatives for official statements, authorizations, or any formal decisions, but unless authorized to relay information that is provided by WMD employees.
 - e) Submit an application packet of the following items to Coordinator's for approval:
 - i. Budget support (for Workers' Compensation Volunteer Premiums);
 - ii. Review work activity list;

- iii. Appropriate Access to facility and data;
- iv. Application Review;
- v. Background and/or references checks;
- vi. Signed Volunteer Agreement (MIL Form 854); and
- vii. Signed Release of Information (MIL Form 855).
- f) Notify the volunteer of the approval and provide a start date and end date;
- g) Obtain timesheets and submit to Volunteer Coordinator
- h) Terminate Volunteer Agreement as appropriate.

D. Volunteer Coordinator

- 1. Reviews application, performs background and/or reference check;
- 2. Ensures appropriate work assignments and budget support.
- 3. Notifies Supervisor of the volunteer agreement/application approval or disapproval;
- 4. Provides timesheets to state payroll for payment of Worker's Compensation Premiums;
- 5. If volunteer has an accident or injury while volunteering, notifies the Safety and Risk Program Manager within 24 hours.

E. Reporting Responsibility for Volunteers



Washington Military Department Volunteer Application

Division	Supervisor Name (If Known)			Start Dat	е	End D	ate	
Description of Volunteer Work Activity Desired								
Type of Volunteer: Individual Volunteer		-						
Individual Academic (Education	ual Course Spansored)							
Vocational Services (Requires Vo								
Personal Information:	ocational Frogram Ap	provar	·		Ā			
Volunteer Name (Last)	(1	First)			(Middle	Initial)		
			1					
Address			Cit	:y		State	Zip	
Home Phone # Cell Pho	ne # Business/School		ness/School	ol Phone # E-mail Addr		Address (dress (Optional)	
Employer/School Ad	ddress		Cit	ty		State	Zip	
Occupation/Major			- BIST				•	
Washington Driver's License or ID Nu	ımber Age		Place of Bi	rth		10,19		
If you are applying to provide profess numbers:	sional services, plea	se cite	your crede	ntials to incl	ude lice	nse and c	ertification	
When and where would you be able	to provide voluntee	er serv	ices:	1 1	19,	7. To-		
Availability (Days & Hours)		Ţ	Location		14.1			
Please provide two professional refe	rences (Adult – Not	relate	ed to you):					
1. Name			Phone #			Business #		
Address		City				State	Zip	
2. Name	Phone #		ne #			Business #		
Address		City	12.10		. 6 -	State	Zip	
Are you related to an individual who No Yes If yes, Ident	works for the Wash	_		epartment?		- -		
Do you have any Criminal Conviction				If Yes, provi	de deta	ils)		
Date: Conviction: Date: Conviction:								
By signing below, I acknowledge that		ication	n and not a g	 zuarantee of	accept	ance and	is only a first step.	
I understand that I will need to be accepted by the program and if accepted I will need to sign a volunteer agreement.								
Signature			Date	!				

APPLICATION REVIEW AND APPROVAL

Supervisor Review and Approval						
Division:	155 pi	Work Unit:				
Detailed Work Activity Description: (List all Name of Education or Support Program (If		erformed	d)	Confirmed with Educational Support		
Approved by (Name):				Start Date:		
Telephone #:				End Date:		
Reference Check Date:	Approved		Yes	No		
 Volunteers may not substitute for emp Volunteers do not represent the organ assist a specific work unit. Volunteers are informed that they have service. 	loyed staff whe ization - they properties on expectation or meaning the services for the Appo	n authoriz rovide WN n of future work that inting Aut	eed position ID with exp e employme they would hority or his	erience and skills in unpaid work service activities to ent, pay or benefits as a result of their volunteer I normally be paid, or perform other volunteer duties s/her designee.		
Name of Supervisor:		Signatu	re:			
Telephone #:		Date:		e established to a second of the second of t		
	7"	N 11500	or Revi	ew and Approval		
Approval for Payment of L&I Premiums	Budget Cod					
			Signature:			
Approved Yes Date:						
	lanageme			ber Review and Approval		
Division Management Team Member: Signature: Approved Yes No Date:						
Approved	HR Revi		Annro			
Washington Youth Academy Only	- The second sec		Check Com	7800		
Approved Yes No			ng Comple			
Volunteer Application Status: Approved Yes No		Signatu Date:	ıre:	manage the state of the		
Orientation Attended Local	ation:			Date:		

Washington Military Department Volunteer Agreement

Department	Start Date	End Date
Volunteer Name	Supervisor Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Description of Volunteer Work Act	ivity	

A "Volunteer" shall mean any person who performs any assigned or authorized hours of work service for the Washington Military Department (WMD), brought about by one's free choice, without compensation, and is registered and accepted as a volunteer by the WMD for engaging in authorized volunteer service. Such person shall be considered a volunteer if they are participating in an educational program that includes a work experience component. A WMD employee may not volunteer to perform their normal work activity and may not volunteer during their normal workday hours.

- 1. Volunteers are not permitted to have weapons, alcohol, illegal drugs, pets, children, or fireworks on any WMD property or in their possession.
- 2. Volunteering under the influence of alcohol or drugs is not permitted.
- Volunteers are responsible to only perform work within their physical capacity and notify their supervisor immediately if a work assignment is too strenuous to perform.
- 4. "Horseplay" will not be tolerated while volunteering.
- 5. Volunteers may not act as a decision maker, and will defer decisions to a permanent WMD employee.
- 6. Volunteers will not operate or coordinate operation of any construction equipment.
- 7. Volunteers may use hand tools for their intended purpose once they have demonstrated an appropriate skill level to handle the tool safely.
- 8. Hours permitted for volunteer work will be managed by WMD.
- A Work unit must sponsor volunteers and only that supervisor may direct the volunteer work activities.
- 10. Volunteer must comply with all WMD's policies and procedures.
- 11. Volunteer must be 18 years of age or older.
- 12. Volunteers must be in work service status while on WMD property and are not to interfere or disrupt other work activities.
- 13. Volunteers for the Washington Youth Academy are not allowed to fraternize or develop personal relationships with Youth Academy Cadets.
- 14. Employees who volunteer during their off-work hours must submit timesheets for their volunteer work activities separate from their normal work timesheets.
- 15. The supervisor must be notified immediately if an accident or injury occurs while in the course of WMD volunteer work activity
- 16. Operation of a state vehicle or personal vehicle on state business requires submission of Driving Abstract, proof of Insurance, prior Executive Management Team member approval for compliance with WMD Vehicle Policy and attendance of the Safe Driver Training with the WMD Safety Officer.
- 17. Timesheets are required to be submitted to the supervisor each month.
- 18. Worker's Compensation will be provided for injuries that occur while performing volunteer work. This will only cover medical services paid by Labor and Industries and will not cover time loss (replacement wages).
- 19. By signing below, I acknowledge that I have fully read and understand my roles and responsibilities as a Washington Military Department volunteer. I understand that failure to follow any of these rules and the directions of my supervisor will result in termination of the volunteer agreement and immediately end my volunteer work activity

Volunteer Signature	Date	
	1000	



STATE OF WASHINGTON

MILITARY DEPARTMENT

Camp Murray • Tacoma, Washington 98430-5000

AUTHORIZATION TO RELEASE INFORMATION

As a volunteer service worker applicant with the State of Washington, Military Department, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of confidential or privileged nature, to any duly authorized agent of the State of Washington, Military Department.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

Printed Name		
	 	
Signature		
Date		