WENATCHEE VALLEY COLLEGE

Application for Employment Packet

Volunteer

This application packet should ONLY be filled out if an individual has been offered a volunteer job

The following checklist is provided to help the new employee and the college. All forms must be completed—and required documentation provided—before the application is considered complete.

- ❑ **Application for Employment – Volunteer (must be signed)**

- ❑ **Employee Affirmative Action & Demographic Data Profile Form**

  This information allows the college to complete statistical reports on the composition of applicant and employee pools for federal and state agencies.

- ❑ **I-9 Form – Employment Eligibility Verification (must be signed)**

  Federal law requires that employers see certain identification documents that establish both the identity and the eligibility of a potential employee to work in the United States. Although the documentation requirement for the I-9 can be met with a variety of documents (most use a social security card and driver's license), it is the policy of human resources that **a copy of the individual's social security card must be provided to the human resources office** (or the card is viewed by an HR staff member). This requirement allows the college to make sure the name and number on the card is entered into our payroll system correctly.

- ❑ **Declaration Regarding Sexual Misconduct (must be signed)**
  By law, post-secondary education institutions cannot hire an applicant who does not complete this form

- ❑ **Safety Information (must be signed)**

  This information must be provided to all employees for the college.

Completed application materials must be received by the college, a completed background check must be performed and the employee must be processed in ctcLink before the individual can begin.

Questions regarding any part of the application process can be directed to human resources at 509-682-6440.

Although we do not pay volunteers, we still pay labor and industry for hours worked (except for AmeriCorps and VISTA—the sponsoring agency pays), therefore, please keep track of your hours and turn them into your supervisor each month.

WENATCHEE VALLEY COLLEGE

Application for Employment

Volunteer Position

Assistance will be made available in the application and pre-employment screening processes for applicants with disabilities who request such assistance in advance

1300 Fifth Street, Wenatchee WA 98801-1799 Wenatchee (509) 682-6440 – TDD 711 Omak (509) 422-7800 – TDD 711

PERSONAL DATA

Last Name	First	MI	Home Phone
Home Address			Work Phone

City	State	ZIP	Email Address	Cell Phone

POSITION APPLIED FOR

Title	Location (campus)	Date

Have you ever worked for this college or any other Washington state agency? ❑ No ❑ Yes If yes, when _____

Please answer the following questions and sign below.

Are you a citizen or do you have a visa which permits you to work in the United States? ❑ Yes ❑ No

Do you have any relatives who work for WVC? ❑ Yes ❑ No If Yes, please list their name(s) _____

Within the past 10 years, have you been convicted of, or released from prison for any crimes excluding parking tickets or traffic citations? ❑ Yes ❑ No

If yes, give all conviction dates, prison release dates and the nature of the offenses. Criminal history background checks will be conducted where required by law. Please note that a conviction/criminal history record does not necessarily disqualify an individual from employment at Wenatchee Valley College.

In adherence to provisions of the Immigration Reform and Control Act, Wenatchee Valley College hires only United States citizens and aliens authorized to work in the United States. As a condition of employment, new employees must provide acceptable proof of identity and employment eligibility within three days of initial hire.

The information I have supplied is true to the best of my knowledge. I understand that false statements on this application may be considered sufficient cause for elimination of my application from consideration, or, if employed, for dismissal. If employment is obtained under this application, I will comply with all rules and regulations of Wenatchee Valley College.

I agree to be responsible for any college property and equipment issued to me until returned to the college and agree to pay for any property and equipment which I do not return.

I authorize and release from liability my current and former employers and personal references to provide any information they may have about me, unless I specifically request otherwise.

Signature	Date

Equal Opportunity Employer: Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Student Access Director, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: Dial 711, sas@wvc.edu. Revised 1/20 tm

Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is **voluntary**, and information will be kept confidential to the extent possible. As of June 11, 2020, the following information collected on this form is **protected from public disclosure** at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

1. Name (Last, First, Middle Initial)	**2. Personnel ID Number**	**3. Date**

Please see next page for definitions

4. Are you age 40 years or older?
Yes ☐ No ☐ **Birthdate** _____

5. Gender Identity
Female ☐ Male ☐ X/Non-binary ☐

6. Gender Designation for Health Insurance Purposes
(Used by doctors for billing)
Female ☐ Male ☐

7. Are you a person with a disability?
Yes ☐ No ☐
Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.

8. Do you identify as LGBTQ+?
Yes ☐ No ☐
Information used to account for workforce representation.

9. What race and/or ethnicity do you consider yourself? Select all that apply.

☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Hispanic or Latino
☐ Black or African-American
☐ Asian
☐ White

Veteran and Military Spouse Information – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. *Note: To qualify and receive veteran's preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.*

10. Veteran Status? Select all that apply.

Are you an Eligible Veteran?	Yes ☐	No ☐	If yes, discharge date: _____
Are you a Vietnam Era Veteran?	Yes ☐	No ☐	Type of discharge**:** _____
Are you a Veteran w/service-connected disability?	Yes ☐	No ☐	
Are you a Special Disabled Veteran?	Yes ☐	No ☐	

11. Are you currently a member of the reserve component, including the National Guard? Yes ☐ No ☐
Were you called to active duty from employment with the state? Yes ☐ No ☐

11a. If yes, dates: _____to _____ and **11b. Type of Discharge**: _____

12. Are you a military spouse or military registered domestic partner? Yes ☐ No ☐

13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? Yes ☐ No ☐

Signature	Date

Submit completed form to your agency's Human Resources Office.

For more information on HRMS entry of this form: OFM Personal Data Job Aid.

For Imaging Only	Personnel ID	Doc Date	Section	Doc Type	Sub Doc Type	HR Rep
			AA	Form	AA Profile	

Employee Affirmative Action and Demographic Data Definitions

Person with a Disability (U.S. EEOC & ADA Amendments Act of 2008, September 2008):

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

Gender Designation for Health Insurance Purposes (Used by doctors for billing): This data is used to meet current requirements for Medicare federal reporting and eligibility determinations, meet health plan vendor requirements, ensure coordination of benefits and efficient claims processing. Please choose the option in this field that you would like your medical provider(s) to use to determine insurance coverage and facilitate claims processing for your health care services.

Gender Identity (Washington State DEI Foundational Definitions)

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

Gender "X" (WA State Dept. of Health)

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

LGBTQ+ (Governor's Interagency Council on Health Disparities)

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

Race and Culture (US Census Bureau, Race & Ethnicity, January 2017)

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino/a/x: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Veterans (Title 38 U.S.C., Executive Order 19-01)

Eligible Veteran, 38 U.S.C. 4211 (4): (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

Discharge Date: The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4): A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Veteran, 38 U.S.C. 4211 (3): A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.
This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Special Disabled Veteran: A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Reserve Component, 38 U.S.C. 101 (7): Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01: A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Wenatchee Valley College	**1300 Fifth St, Wenatchee WA 98801**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

WENATCHEE VALLEY COLLEGE

Declaration Regarding Sexual Misconduct

RCW 28B.112.080, Postsecondary Educational Institutions – Sexual Misconduct

Pursuant to RCW 28B.112.080, employment applicants must declare whether they are the subject of any substantiated findings of sexual misconduct in any current or former employment or are currently being investigated for, or have left a position during an investigation into, a violation of any sexual misconduct policy at the applicant's current or past employers. By law, post-secondary education institutions cannot hire an applicant who does not complete this form.

Please complete this fillable form on the computer. Once completed, please print the form and sign the declaration. You may mail or scan the completed form to humanresources@wvc.edu. Incomplete information or inability to read the information provided in this declaration may result in delayed verification and/or withdrawal of the offer of employment.

Are you the subject of any substantiated findings of sexual misconduct in any current or former employment?

Sexual Misconduct, includes, but is not limited to, unwelcome sexual contact, unwelcome sexual advances, requests for sexual favors, other unwelcome verbal, nonverbal, electronic, and any misconduct that is in violation of that postsecondary educational institution's policies or has been determined to constitute sex discrimination pursuant to state or federal law. See RCW 28B.112.040(5).

☐ Yes

☐ No

Are you currently being investigated for sexual misconduct at a current employer?

☐ Yes

☐ No

Have you left a position during an investigation into your alleged violation of any sexual misconduct policy at current or past employers?

☐ Yes

☐ No

If you answered yes to any of the questions above, please explain the circumstances (you may attach additional pages if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant's Previous Employer Contact Information:

For verification purposes, please list ***all*** of your previous and current employers and designate those that are postsecondary institutions.

Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Employer Name _____ Postsecondary Institution ☐

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Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Employer Name _____ Postsecondary Institution ☐

Address _____

Phone Number _____ Email Address _____

Declaration and Authorization to Release Information RCW 28B.112.080

I, _____, hereby certify and declare that the information on page 1 is true, complete, and accurate to the best of my knowledge. I understand failure to provide complete and accurate information in response to these questions will result in disqualification from employment at Wenatchee Valley College, withdrawal of any offer of employment, and/or termination from employment.

By my signature, I certify that I provided a complete list including addresses and phone numbers of my former and current employers to the College, and I authorize all current and former employers to disclose to the College information, if any, regarding sexual misconduct committed by me, and to make available all documents and information in my current or former personnel, investigative, or other files relating to any sexual misconduct, including sexual harassment, by me. I agree to execute any additional forms required by my current or former employer(s) to release such information to Wenatchee Valley College, and by my signature, I hereby release all current and former employers from any and all claims and liability arising from the disclosure of the information described in this paragraph.

I further authorize Wenatchee Valley College to contact my current or former employer(s) to verify the information I have furnished.

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct. **I understand that I do not need to contact my current or previous employers and that, if verification is needed, Wenatchee Valley College will contact them on my behalf.**

Dated this _____ of _____, 20___at (city or county) _____

_____
Signature

<u>This section to be completed by former employer(s) only.</u>

☐ No sexual misconduct materials were found.

☐ Yes, sexual misconduct materials are available. Please contact for more information.

☐ No record of employment found.

Former Employer _____

Former Employer Representative Signature _____

Title _____

Date _____

<u>Please return all completed information to:</u>

College Wenatchee Valley College Attention Wendi Martin

Address 1300 Fifth St City Wenatchee State WA Zip 98801

Phone (509) 682-6440 Fax (509) 682-6441

Email wmartin@wvc.edu

WVC EMERGENCY INFORMATION

Administration/WVC Incident Management Team: 682-6514

Security Patrol: 682-6911 Safety Officer 682.6659

Facilities and Operations: 682-6450 Weekends and/or After 4:00 pm 860-2250

EVACUATION

1. Fire Alarm and/or your building point of contact verbally announces an evacuation.
2. Incident Management Team establishes an exterior Incident Command Post.
3. All employees with radios report to the Incident Command Post.
4. Employees without students report to the Evacuation Team Leader for possible assignment.
5. Instructors and Department Heads will organize students/employees for building departure:
   - Close all doors as you leave the building.
   - Leave the building via the closest -safe exit.
   - Gather your class/employees at your buildings “Evacuation Assembly Area”.
   - Conduct a roll call then forward information to your Evacuation Team Leader via runner.
   - Wait for a WVC Team authorization, before re-entering the building.
   - Check your classroom/work area and report anything unusual to administration.
   - Debrief your students/employees.

FIRE

1. If you discover smoke or fire, pull a fire alarm as you leave the building. Insure that 911 have been contacted with incident information.
2. Use the above evacuation procedure for any fire or suspected fire.
3. Leave room lights on and close all doors as you exit. Do not lock!
4. Employees choosing to use a Fire Extinguisher; use caution and apply your training.

LOCKDOWN

1. If an interior threat is discovered a Lockdown Alert will be made via an Emergency Text Alert.
2. Employees at exposed work stations, move to your predetermined safe room.
3. Employees occupying an office, classroom or storage area; lock or barricade yourself in and remain in place.
4. If inside, close, lock and cover all interior windows and glass panels.
5. Leave curtains/blinds open on exterior windows.
6. Move everyone away from interior doors and windows.
7. Turn off lights and keep quiet. Set your cell to vibrate only. Don’t open your door for any reason.
8. Anyone in transit between rooms shall immediately seek shelter in the closest room.
9. Anyone in transit between buildings shall immediately leave campus.
10. Lockdown is concluded when police or a WVC Team member enters your location.
11. Follow their instructions.

INJURY ACCIDENT

1. Call 911 if requested by injured party (victim) or if in your judgment, such assistance is obviously required.
2. Calling 911 with any campus phone also notifies the WVC Incident Management Team.
3. If a cell phone was used to call 911, now call Administration to alert the WVC Team.
4. Provide appropriate First Aid to the victim(s).
5. If alone with the victim, take actions that will assist the ambulance in finding your location.

SHELTER IN PLACE

1. You may be notified of this situation by phone, ETA or building point of contact.
2. If inside, stay inside.
3. If outside immediately enter any building.
4. Facility Department will:
    - Activate automatic door locking where available.
    - Stop all air exchanges in all buildings.
    - Instructors will close and lock all exterior classroom door(s) or window(s).
    - All employees will work with the Incident Management Team to secure all exterior doors.
    - Do not open exterior doors, for any reason, until the all-clear is given.

EARTHQUAKE

DROP To the floor.

COVER Take cover under a sturdy piece of furniture. Against a load bearing wall is best. Protect your head and neck with your arms. Avoid danger spots near windows, hanging objects, mirrors or tall furniture.

HOLD On to sturdy objects and be prepared to move with it. Hold until the ground stops shaking and it's safe to move.

EVACUATE When the shaking stops, leave the building via the closest - safe exit and follow evacuation procedures as described above.

BOMB THREAT

1. May be delivered in many formats.
2. Notify Administration to alert the WVC Team and they will call 911.
3. Turn off cell phones and/or walkie-talkies (radio waves could trigger a bomb).
4. Our Incident Management Team will coordinate with emergency responders.
5. Follow standard evacuation procedures if the alarm is sounded.
6. If you see something suspicious REPORT IT—DON'T TOUCH IT!

The items above are generally focused toward WVC campuses. Employees that work at sites other than WVC campuses are encouraged to learn the emergency information from the site where you are based.

If you are involved in an accident please contact administrative services at 682.6514.

_____ _____

Employee Signature (I have received this information) Date

Rev 8/23/26 tm