



STATE OF WASHINGTON

**Washington State Community Compensation
Volunteer Acknowledgment Form**

I, _____, acknowledge that I serve as a volunteer for the
(name of volunteer)

_____ with the _____ in
(workgroup/project name) (agency)

Washington state government.

I understand that I am not a Washington state employee and am not entitled to benefits or wages. I am not receiving payment from another party for my participation in this workgroup/project. I am receiving stipends and reimbursements as a volunteer for official meeting attendance and other statutorily approved activities in a class one workgroup as described in [RCW 43.03.220](#) and [Washington state's Community Compensation guidelines](#).

I understand that the purpose of these stipends and reimbursements is to reduce barriers to my participation because Washington state believes that removing financial barriers for individuals directly impacted by public policy fosters increased access to government and enriches public policy discussions and decisions, ultimately leading to more equitable and sustainable policy outcomes.

Volunteer Name

Volunteer Signature

Date