

VOLUNTEER ACKNOWLEDGMENT FORM

Thank you for your interest in serving on the **[Workgroup Name]** as a volunteer for the State of Washington. Please fill out this form to confirm your membership on this Workgroup.

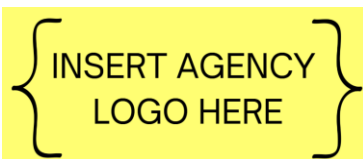
MEMBER INFORMATION

1. Your Name:
2. Email Address:
3. Phone Number:
4. Do you have direct lived experience with the subject matter being addressed in the workgroup? For the purpose of this group, "lived experience" is defined as **[insert your workgroup's definition of lived experience here]**.
☐ Yes
☐ No
5. Do you qualify as low income*?
☐ Yes
☒ No

****Low income means 'an individual whose income is not more than 400 percent of the federal poverty level, adjusted for family size.'***

The federal poverty amounts are amended annually by the Health and Human Services Department. Refer to the most current year when determining income eligibility for workgroup members. The [2025 Federal Poverty Guidelines](#) are shown below.

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia



Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

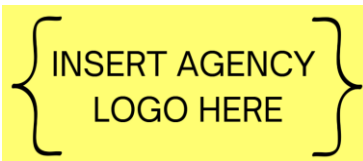
Calculation examples:

- **400% calculation: for a family of four, household income could not exceed \$128,600 (4 X \$32,150)**
- *To calculate the percentage of poverty level, divide income by the poverty guideline and multiply by 100. So, a family of five with an annual income of **\$80,000 would be calculated to earn** $(\$80,000/\$32,470) \times 100 = 246\%$ **of the federal poverty guidelines for 2022.***

6. Are you already being "otherwise compensated" for participating on this workgroup? (Examples of being "otherwise compensated" can include being paid for this work in the routine course of a job, board membership, or if you currently work for state or local government in a field that overlaps with the topic of this committee).

☐ Yes

☐ No



VOLUNTEER ATTESTATION

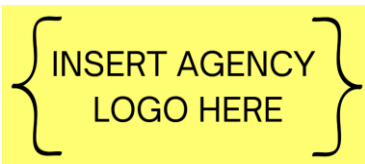
I, **[Volunteer Name]**, acknowledge that I serve as a volunteer member on the **[Workgroup Name]** with **[Agency Name]**.

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 on this Workgroup or project. If eligible, I acknowledge that I may receive 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.

Name

Signature



Date

SAMPLE