

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Aging and Adult Services  
Long Term Care Ombudsman Program

**VOLUNTEER COMMITMENT**

As a Area Agency on Aging volunteer, I understand that I have responsibilities to the individuals with whom I work and the Arizona Department of Economic Security and the citizens.

I agree to participate as a volunteer for **AREA AGENCY ON AGING** and carry out my assignment of **OMBUDSMAN VOLUNTEER** for a period of \_\_\_\_\_ beginning on \_\_\_\_\_.  
*Duration* *Date*

I agree to work \_\_\_\_\_ hours per month on the following days and at the following time:

*As scheduled by the Area Agency on Aging or agreed upon.*

**If I can not be at my assigned facility as scheduled, I agree to call my supervisor at least 24 hours in advance whenever possible, so that a substitute can be located.**

I understand that I might see or hear confidential individual and program information. Confidential information includes such identifying information as names, addresses, phone numbers, photographs, reports, records and the like. I agree to hold this information confidential and not disclose it to anyone other than authorized individuals identified by my supervisor. I understand that I may not discuss specific information about persons served with my family, friends or others.

- ◆ I agree to respect the human rights and dignity of all persons receiving services and other volunteers.
- ◆ I agree to carry out my assignment as described in the written job description, which I have received.
- ◆ I agree to follow all laws and regulations which apply to my volunteer assignment, to comply with expectations set forth by my supervisor and to uphold the State code of ethics.
- ◆ I agree to participate in orientation and training required for my volunteer assignment.
- ◆ I agree to keep records of time spent, out-of-pocket expenses and other documentation required for the assignment I have selected.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4446; TTY/TDD Services: 7-1-1.