

Division of Children and Family Services



P.O. Box 1437, Slot S-560 · Little Rock, AR 72203-1437 501-682-8770 · Fax: 501-682-6968 · TDD: 501-682-1442

ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDREN and FAMILY SERVICES VOLUNTEER AGREEMENT

_ agree to:

- 1. Participate in training or orientation programs required by the agency.
- Volunteer my time, services and skills from month/year______ to _____ month/year______ with no remuneration or other financial obligations by the Division of Children and Family Services other than reimbursement for County Supervisor pre-approved expenses related to the volunteer assignment.
- 3. Comply with the Division of Children and Family Services policies and procedures provided to me in orientation or thereafter.
- 4. Hold the agency blameless from any and all manner of liability arising out of any accident, injury or damage to me occurring as a result of my participation in this volunteer assignment.

AGENCY OBLIGATIONS AND RESPONSIBILITIES

During the terms of this agreement, DCFS shall provide, as necessary, ongoing training, supervision, monitoring, and evaluation of the volunteer's work. The agency shall further provide the volunteer worker with the opportunity to participate in all preparatory and briefing sessions essential to the performance of assigned task(s) and responsibilities. The agency assumes no financial obligations such as salary, wages, retirements, insurance, workers' compensation, unemployment, or other financial benefits or liabilities.

Signatures:

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Volunteer

Date

DCFS County Supervisor or designee Date

Area Director

Date

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