ARKANSAS DEPARTMENT OF HUMAN SERVICES
Volunteer Agreement

Name:
BUID:

Please provide this form to the individual who will supervise your volunteer work. You cannot volunteer with a private business. You can volunteer with non-profit organizations, government offices, and churches. You may volunteer with more than one organization, if needed. Once this form is completed, please return it to your local county office or with your application, Semi-Annual Report, or recertification paperwork. If you have questions about how to complete the "Volunteer Agreement," call your local DHS office.

VOLUNTEER SUPERVISOR: The individual listed above must meet work requirements to participate in a program administered by DHS. This individual has elected to volunteer with your organization in order to comply with program work requirements. In order to comply, the volunteering individual must complete a certain number of hours each month, not to exceed a total of 25 hours per month. Supervisors are required to verify and report the total hours completed by the individual.

Please complete the information below if you wish to have this individual volunteer with your organization and you are able to meet the supervisory requirement.

Organization Name:	
Description of Organization:	
Organization Street Address:	
Organization Mailing Address:	
Organization Phone Number:	Organization Fax Number:
Name of Supervisor:	Supervisor Phone Number:
Supervisor Email Address:	

1. Number of months this individual will volunteer with my organization (please circle one):

   1 2 3 4 5 6

2. During what month will the individual's volunteer work begin? _____

By my signature, I agree to allow the individual named above to volunteer with my organization in order to meet program work requirements. I understand the volunteering individual must complete a certain number of hours each month, not to exceed a total of 25 hours per month. The total hours required will be determined by DHS staff.

In addition, I agree to provide the supervision necessary to verify and report the number of hours that the individual has volunteered with my organization. I agree to report this information to the Arkansas Department of Human Services as required federal law.

Supervisor Signature _____ Date _____