ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Aging and Adult Administration

VOLUNTEER CONTRACT

As a Department of Economic Security (DES) volunteer, I understand that I have responsibilities to the individuals with whom I work to the Department and to the citizens of Arizona.

I agree to commit myself to service as a volunteer for ***Area Agency on Aging***
Division/Administration

and to carry out my assignment of ***Ombudsman Volunteer*** for a period of
Job Title

_____ beginning on _____. I agree to work _____ hours per
Duration *Date*

month on the following days and at the following times:

Anytime that is convenient to me during normal visiting hours at my facility

If I cannot be at my assigned post 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 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.

_____ _____
Signature *Date*