

## **PROCEDURE I-D1: Volunteer Application Process and Approval**

08/2014

The County Office Volunteer Coordinator will:

- A. Provide volunteer applicant with a Volunteer Packet and instructions on completion. The forms in the Volunteer Packet that the volunteer applicant will receive are:
  - 1) CFS-050-A: DCFS Volunteer Opportunities
  - 2) CFS-050-C: DCFS Volunteer Application
  - 3) CFS 050-D: DCFS Volunteer Confidentiality Statement
  - 4) CFS-050-E: Volunteer Agreement
  - 5) APS-0001: Authorization for Adult Maltreatment Central Registry Check
  - 6) CFS-316: Request for Child Maltreatment Central Registry Check
  - 7) CFS-342: State Police Criminal Record Check
  - 8) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
  - 9) VSP-001: Authorization to Operate State Vehicles and Private Vehicles on State Business
  - 10) VSP-002: Authorization to Obtain Traffic Violation Record
  - 11) Arkansas State Vehicle Safety Program Manual
- B. Answer volunteer applicant questions, as applicable
- C. Collect the Volunteer Packet forms listed above from the applicant once all forms have been completed.
- D. Review Volunteer Packet forms submitted by volunteer applicant.
- E. Complete Section B of CFS-050-B: DCFS Volunteer Checklist, as appropriate, to ensure that all documents required of volunteer applicant have been completed.
- F. Forward the completed Volunteer Packet, including CFS-050-B: DCFS Volunteer Checklist, to DCFS Central Office Policy Unit, Slot S-564 for processing and approval.
- G. If approval of volunteer is received from Central Office via completed CFS-050-B: DCFS Volunteer Checklist:
  - 1) Inform volunteer as soon as possible.
  - 2) Assign volunteer an appropriate point of contact in the county office prior to commencement of any volunteer activities.
  - 3) Provide DCFS orientation to volunteer prior to commencement of any volunteer activities, but preferably within two weeks of approval notification to volunteer.
  - 4) Establish mutually agreed upon schedule for volunteer.
  - 5) Handle complaints as needed.
  - 6) Notify DCFS Central Office Policy Unit if volunteer quits or is asked to leave.
  - 7) Place copy of completed CFS-050-B: DCFS Volunteer Checklist in volunteer record.
- H. If approval of volunteer is not received from Central Office:
  - 1) Inform volunteer as soon as possible.
  - 2) Place copy of completed CFS-050-B: DCFS Volunteer Checklist in volunteer record.

DCFS Policy Unit will:

- A. Review forms in the Volunteer Packet using CFS-050-B DCFS Volunteer as a guide to ensure all required volunteer applicant forms have been completed and submitted.
- B. Route all background check request forms to the appropriate units.
  - 1) Submit the completed CFS-316: Request for Child Maltreatment Central Registry Check for each volunteer applicant. The CFS-316 must be notarized. The Child Maltreatment Central Registry Check shall be repeated every two years.
    - a) Route each completed CFS-316 to the Central Registry Unit.
    - b) Document results in CHRIS.
    - c) Scan results in E-doctus.
  - 2) Submit the completed APS-0001: Authorization for Adult Maltreatment Central Registry Check to Adult Protective Services. The APS-0001 must be notarized. The volunteer applicant must have no history of true abuse and/or neglect.
    - a) Route each completed APS-0001 to Adult Protective Services.
    - b) Document results in CHRIS.
    - c) Scan results in E-doctus.
  - 3) Submit the completed CFS-342: State Police Criminal Record Check for each volunteer applicant. The CFS-342 must be notarized. The State Police Criminal Record Check shall be repeated every two years.
    - a) Route each completed CFS-342 to the Criminal Records Unit.
    - b) Document eligible or ineligible results in CHRIS.
    - c) Scan results in E-doctus.
  - 4) Submit the signed CFS-593, VSP-1, and VSP-2 to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each volunteer applicant.
    - a) Copy the front and back of the driver's license.
    - b) Document results in CHRIS.
- C. Enter all other required volunteer data in CHRIS.
- D. Complete Section C of CFS-050-B: DCFS Volunteer Checklist.
- E. Notify county office with approval or denial status of volunteer via completed CFS-050-B: DCFS Volunteer Checklist, as applicable.
- F. Scan completed CFS-050-B: DCFS Volunteer Checklist in E-doctus.
- G. Maintain records and correspondence with county office staff regarding volunteers.
- H. Document in CHRIS when volunteer resigns or is asked to leave, as applicable.

## **PROCEDURE I-D2: Volunteer Background Check Renewals**

08/2014

The DCFS Central Office Policy Unit will:

- A. Mail the following to the volunteer's home address (as identified in CHRIS) at least 30 business days prior to the volunteer's two year anniversary of his/her last processing of background checks:
  - 1) A cover letter:
    - a) Thanking volunteer for his/her volunteer service

- b) Explaining that his/her background checks will expire soon and must be renewed
  - c) Requesting volunteer to complete all enclosed background check forms and return them to the DCFS Central Office Policy Unit within two weeks of receipt
  - d) Informing volunteer that if all enclosed background check forms are not completed and returned to the DCFS Central Office Policy Unit within the required timeframe, he or she will no longer be eligible to serve as a DCFS Volunteer
- 2) APS-0001: Authorization for Adult Maltreatment Central Registry Check to Adult Protective Services
- 3) CFS-316: Request for Child Maltreatment Central Registry Check
- 4) CFS-342: State Police Criminal Record Check
- B. After mailing the information listed above (items a-d), notify volunteer's county supervisor that volunteer's background checks must be renewed as soon as possible and volunteer should receive appropriate forms soon.
- C. Process, document, and scan all completed, returned background check forms (see Procedure I-D1 above for more detailed background check processing instructions).
- D. If volunteer does not return all completed background check forms within requested timeframes outlined in aforementioned cover letter:
  - 1) Contact volunteer by phone prior to his/her two year anniversary of the last processing of background checks to request that he/she complete and return required background check forms within one week.
  - 2) Document conversation (or attempt to contact) with volunteer in CHRIS.
  - 3) Process, document, and scan all completed, returned background check forms (see Procedure I-D1 above for more detailed background check processing instructions).
  - 4) If volunteer still does not return completed background checks within required timeframe:
    - a) Document in CHRIS that volunteer is no longer eligible to serve as a volunteer.
    - b) Send a letter to the former volunteer informing him/her that he/she is no longer eligible to serve as a volunteer.
    - c) Notify the volunteer's county supervisor via e-mail that the volunteer may no longer serve as a volunteer in the county office.

The County Supervisor will:

- A. Work with the DCFS Central Office Policy Unit and volunteer as needed to ensure that volunteer's background checks are renewed when required.
- B. If volunteer does not renew required background checks in required timeframe, ensure he/she no longer provides services to/at the local county office.



**DIVISION OF CHILDREN AND FAMILY SERVICES  
VOLUNTEER OPPORTUNITIES**

*Volunteers will be required to attend an orientation and may be required to attend additional training for specific tasks. The volunteer packet will have to be completed with all the checks submitted and received prior to volunteering. This includes a signed confidentiality statement as well as a completed W-9 in order for the volunteer to be reimbursed for approved travel. Volunteer opportunities include:*

- **Providing Transportation**
  - Transport children to destination (may require long distances)
  - Transport adult clients to appointments/return to client residence
  - Record mileage, complete travel log, and submit to County Supervisor for reimbursement
  - Must have reliable vehicle and cell phone
- **Serving as an Office Assistant**
  - Fax paperwork/applications
  - Assist with filing, copying, case file organization, etc.
  - Telephone assistant answer the phone at the office
  - Assemble packets and pull information/documents from case files
  - Assist with organizing and maintaining storage rooms, supply closets, and visitation rooms
- **Assisting with Recruitment/Retention of Foster Parents and Volunteers**
  - Make telephone calls to business organizations, individuals, non-profit agencies, etc.
  - Develop and/or distribute fliers
  - Assemble recruitment packets
  - Contact foster parents to inquire about needs, requests, comments
  - Complete contact form documenting telephone conversations with foster parents and other volunteers
- **Coordinating Events for Foster Children:**
  - Host or sponsor birthday celebrations for children in foster care
  - Host or sponsor other fun events throughout the year for children in foster care
  - Assist with Christmas Projects (collecting wish lists, organizing fundraisers, delivering gifts, etc.)
- **Other Volunteer Activities (*will require Central Office approval*)**
  - \_\_\_\_\_
  - \_\_\_\_\_

For more information, contact: Mona Davis at 501-501-682-8462.



Division of Children  
and Family Services

P.O. Box 1437, Slot S-560 · Little Rock, AR 72203-1437  
501-682-8772 · Fax: 501-682-6968 · TDD: 501-682-1442



✓ DCFS VOLUNTEER CHECKLIST

The following information pertains to \_\_\_\_\_

Volunteer Applicant Name

Please complete the checklist by entering the date information provided to the volunteer and the initials of the employee providing/conducting the activity.

**Section A: Initial Paperwork for Volunteer Applicant (to be completed by the County Office Volunteer Coordinator)**

- \_\_\_\_\_ Reviewed CFS-050-A: DCFS Volunteer Opportunities List with Volunteer Applicant
- \_\_\_\_\_ Received completed CFS-050-C DCFS: Volunteer Application from Volunteer Applicant
- \_\_\_\_\_ Received completed CFS 050-D: Confidentiality Statement for DCFS Volunteer
- \_\_\_\_\_ Received completed CFS-050-E: Volunteer Agreement
- \_\_\_\_\_ Received completed, notarized CFS-316 Request for Central Registry Check from Volunteer Applicant
- \_\_\_\_\_ Received completed APS-0001: Authorization for Adult Maltreatment Central Registry Check from Volunteer Applicant
- \_\_\_\_\_ Received completed, notarized CFS-342: State Police Criminal Record Check from Volunteer Applicant
- \_\_\_\_\_ Received completed VSP-002 Authorization To Obtain Traffic Violation Record from Volunteer Applicant
- \_\_\_\_\_ Received completed CFS-0593 DCFS Arkansas State Vehicle Safety Program from Volunteer Applicant
- \_\_\_\_\_ Received Two References (1 personal/1professional) for Volunteer Applicant

**Section B: Volunteer Approval Decision (To be completed by Central Office)**

- \_\_\_\_\_ Received CFS-316 Request for Child Maltreatment Central Registry Check Results

☐ Results Eligible

☐ Results Ineligible

\_\_\_\_\_

Received CFS-342 State Police Criminal Record Check Results

☐ Results Eligible

☐ Results Ineligible

\_\_\_\_\_

Received APS-0001: Authorization for Adult Maltreatment Central Registry Check from Volunteer Applicant Results

☐ Results Eligible

☐ Results Ineligible

\_\_\_\_\_

Volunteer Approved by Central Office

\_\_\_\_\_

Volunteer Denied by Central Office

**Section C: County Office Completion of Volunteer Approval (To be completed by County Officer Volunteer Coordinator)**

\_\_\_\_\_

Orientation Scheduled

\_\_\_\_\_ Orientation Conducted

\_\_\_\_\_

Schedule for Volunteer Established

\_\_\_\_\_

Volunteer Point of Contact/Supervisor Established

Please submit this completed checklist and completed forms to the Central Office Policy Unit at Slot S 560. Please call 501-682-8451 if you have any questions.



## Division of Children and Family Services

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### VOLUNTEER APPLICATION

#### **Mission Statement:**

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community based services and supports to assist parents in successfully caring for their children. We focus on safety, permanency, and well-being for all children and youth.

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**TELEPHONE:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Present Status:** (please check) \_\_\_\_\_ Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

If employed, please list place of employment: \_\_\_\_\_ Occupation \_\_\_\_\_

If attending school, please list name of school: \_\_\_\_\_

**EDUCATION:** (please check): \_\_\_\_\_ High School \_\_\_\_\_ GED \_\_\_\_\_ College: \_\_\_\_\_  
Major Degree

Other Schooling or Special Training: \_\_\_\_\_

**INTEREST OR HOBBIES:** \_\_\_\_\_

**SKILLS:** (please be specific) \_\_\_\_\_

Have you done volunteer work in the past? (Y/N) \_\_\_\_\_ if so, What type: \_\_\_\_\_

Date(s): \_\_\_\_\_ Where: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name Address Phone

**REFERENCES** (Give full names, addresses, and phone numbers)

1. Professional \_\_\_\_\_

2. Personal \_\_\_\_\_

**Volunteer Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Confidentiality Statement for DCFS Volunteer

I \_\_\_\_\_, understand that certain confidential data and/or other information owned by the Arkansas Department of Human Services (DHS) may be directly disclosed to me as a Volunteer for the Division of Children and Family Services or that I may otherwise have access to confidential data and/or other information owned by DHS. This confidential data and/or other information is defined as any protected health information or data element and also includes any file, document, manuscript, table, chart, study, report, etc.

I \_\_\_\_\_, understand that I may not disclose in any manner, any of the data or other information I obtain and/or view, except for the purposes of performing my volunteer duties. I understand that I may not disclose this information to my friends or family, nor use the information for any personal, commercial, or political use.

I \_\_\_\_\_, agree to not use or further disclose the confidential data and/or other information except as permitted by the DHS Division of Children and Family Services (DCFS), or as otherwise required by law. I agree to use appropriate safeguards to protect the confidential data and/or other information from misuse or inappropriate disclosure and shall prevent any use or disclosure of the confidential data and/or other information except as permitted by DCFS. I shall not attempt to identify the individuals to whom the confidential data and/or other information pertains, or attempt to contact such individuals.

I \_\_\_\_\_, further understand that the data and/or other information is confidential and is protected by federal and state laws, and that if I improperly use or disclose this confidential data and/or other information, I may be subject to prosecution, fines, imprisonment, or other sanctions permissible under state and federal law and regulation as well as DHS Policy. I understand and agree that I will be liable for any damages resulting from my disclosure of the confidential data and/or other information and that any wrongful disclosure will result in immediate discontinuation of my access to the data and possibly immediate termination as a volunteer with DHS DCFS.

I \_\_\_\_\_, have read this entire statement and understand that the confidential data and/or other information must be used only for the specific purpose set forth in this agreement and in accordance with DCFS and that use of this information for any other purpose is strictly prohibited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name and title



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and Family Services

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

I, \_\_\_\_\_ agree to:

1. Participate in training or orientation programs required by the agency.
2. 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:

\_\_\_\_\_  
Volunteer Date

\_\_\_\_\_  
County Supervisor/Volunteer Coordinator Date

\_\_\_\_\_  
Area Director Date

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