

**INDIANA DEPARTMENT OF CHILD SERVICES (DCS)
VOLUNTEER CONTRACT**

Instructions: This form should be completed by each DCS volunteer. **Please Print or type. Use additional sheets, if needed to complete answers.**

Name of Volunteer (First, Middle, Last):		
Address (number and street, city, state, ZIP code):		
Telephone Number (Home)	Telephone Number (Work)	Telephone Number (Cell)
Name of Emergency Contact:		Phone Number: Alternate Phone Number:
Volunteer Level: <input type="checkbox"/> (Level 1 having direct contact with families and children under DCS supervision) <input type="checkbox"/> (Level 2 not having direct contact with families and children under DCS supervision)		
Description of Volunteer Service:		
Counties/Regions of Volunteer Service:		
Anticipated Duration of Volunteer Service:		
Name of volunteer group (if applicable):		
<p><u>Volunteer Agreement</u></p> <p>I expressly agree that my services are being provided as a volunteer and that I will not be an employee of DCS. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the rules, policies and procedures of the Department or local office I am serving, and agree to participate in any training required by DCS in order for me to perform the voluntary services that I am offering.</p>		

Confidentiality Agreement

I understand and agree that any and all information concerning or acquired during such Services, including any information related to juvenile court cases or proceedings, any particular children or their families, or any other individuals or businesses (“Information”) is CONFIDENTIAL under Indiana law and/or the terms of this agreement. I understand information involving DCS staff members, volunteers, clients, or other persons involved with DCS shall also be kept confidential. I agree that I will not discuss or otherwise disclose any such Information to anyone except an employee or authorized representative of DCS who is bound by the same confidentiality terms as those in this agreement. I agree that the purpose of this agreement is to protect both DCS and anyone who is the subject of Information from disclosures contrary to the terms of this agreement. I agree that violation of this agreement may support a claim for damages against me. I also understand that any unauthorized disclosure of confidential information may constitute a criminal act for which I may be prosecuted.

Liability Agreement

Volunteers shall perform volunteer services at their own risk. Volunteers shall accept responsibility for any bodily injury, death or property damage that occurs during the performance of volunteer services.

Information Resource Use Agreement

I have been given a copy of the State of Indiana Office of Technology Information Resource Use Agreement. I agree to adhere to the provisions of this agreement any time I use State hardware, software, data, information, network, personal computing devices, phones, and other information technology during my volunteer service.

By signing below, the volunteer agrees to the above Volunteer Agreement, Confidentiality Agreement, Liability agreement, and Information Resource Use Agreement.

Signature of applicant:	Date:
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For office use only:

Signature of Individual approving Volunteer Service:	Date:
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Specify Position (One of the following: Deputy Director, Regional Manager, Local Office Director, Division Manager, Program Director, or Practice Development Group Attorney)