

VOLUNTEER/INTERN HANDBOOK & NASW CODE OF ETHICS ACKNOWLEDGEMENT FORM

CDS Family & Behavioral Health Services, Inc.

I received my copy of the Volunteer/Intern Handbook (*Revised January 2025*) containing the CDS policies and procedures, which I have reviewed and understand. I also have been given an opportunity to ask questions I may have concerning any of the policies in this Handbook. I agree as a condition of employment to follow the policies in this Handbook, and if there is at any time something I do not understand, I agree to ask my supervisor. I understand that the handbook does not provide any contractual rights or guarantees regarding my volunteer placement and that I am providing goods or services with no monetary or material compensation.

My services are offered freely and without pressure or coercion, direct or implied from any member of the CDS Family & Behavioral Health Services organization. I also understand that I am excluded from any provisions of law relating to employment, to any collective bargaining agreement, to unemployment compensation, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits.

I further acknowledge that this understanding cannot be modified except by written agreement signed by the Chief Executive Officer and the President of the Board of Directors. I understand that CDS' policies and benefits may be changed from time to time at its discretion without notice. I will keep my Handbook for future reference and understand that this signed statement will be a permanent record in my volunteer/intern file. Furthermore, this is to verify that I attended an orientation session on the date entered below which covered all sections.

Volunteer/Intern Signature: _____

Witness Signature: _____

Date: _____

In Case of Emergency Please Notify

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____