



## ACKNOWLEDGMENT OF RECEIPT OF THE CFC OFFICE VOLUNTEER HANDBOOK

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Name of Volunteer

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Position

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Worksite/Department

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Start Date

I acknowledge that I have received the Christian Family Care Volunteer Handbook which outlines the current benefits, policies, and responsibilities of volunteers and the Agency. I acknowledge that I have had the opportunity to review this Handbook. I further understand that I may ask any questions I have concerning its contents and will comply with all policies and procedures herein to the best of my ability.

I understand that the information in the CFC Volunteer Handbook is not a contract and is subject to change at any time and without any notice as situations warrant, and changes in the policies may supersede, modify, or eliminate policies in this Handbook.

I accept responsibility for keeping the Volunteer Coordinator and/or my supervisor(s) informed of any changes.

### ACKNOWLEDGMENT:

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Volunteer Signature

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Date

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Volunteer Coordinator Signature

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Date