



Volunteer Acknowledgement Form

Arkansas Health & Wellness and Arkansas Total Care believe giving back to the community is central to our purpose: **Helping Arkansas Live Better**. Employees are encouraged to give back to our local communities through our Volunteer Champion Program.

Employees must have the managing director/sponsor of the organization at which they are volunteering acknowledge the time spent volunteering by signing the below Acknowledgement Form. Employee must return this completed form to their Manager.

ACKNOWLEDGEMENT

By signing below I certify that _____(Employee) has volunteered at _____(Organization) on _____ for a period of _____ hours.

Print Employee Name

Print Sponsor Name

Employee Signature

Sponsor Signature

MANAGER USE ONLY

Date Received: _____ Date Entered into Volunteer Data Collection Form: _____