



VOLUNTEER CERTIFICATION LETTER

Date:

State of Tennessee
Division of Claims Administration
Andrew Jackson Building, 15th Floor
502 Deaderick Street
Nashville, TN 37243-1290

Attention: Division of Claims Representative

This letter will serve to verify that the Department of Children's Services has approved the applicant named below to be a volunteer for our agency.

Volunteer's Name:

Birth Date:

Social Security Number:

DCS Region:

DCS Facility:

DCS Division:

Effective Date of Paperwork Approval:

Effective Date of Certification Approval to Volunteer:

Certification of this volunteer by your agency is requested in accordance with DCS Volunteer Services policies and procedures.

Sincerely yours,

(Name)
DCS Volunteer Coordinator

VOLUNTEER CERTIFICATION LETTER INSTRUCTIONS

NOTE: Use only one letter per each volunteer.

- **Letter must be typed.**
- **State of Tennessee, Division of Claims Representative's Name**
(currently- LeTrese Lacy)
- **Volunteer's Name**
- **Volunteer's Birth Date**
- **Volunteer's Social Security Number**
- **DCS Region of the Volunteer**
- **Name of DCS Facility or Institution**
- **Name of DCS Division**
- **Effective Date of Paperwork Approval (*to be completed by the Director of Volunteer Services or the Designated Proxy*)**
- **Effective Date of Certification Approval to Volunteer (*to be completed by the Director of Volunteer Services or the Designated Proxy*)**
- **The Director of Volunteer Services in DCS Central Office *or the Designated Proxy* forward the form electronically to the State of Tennessee, Division of Claims Administration.**
- **To PRINT the first page containing the Acceptance/Rejection Letter hit [Ctrl] + [Alt] + [P]**