# DPFS INTERN INQUIRY

**Purpose:** Use this form to implement a new internship onboarding process.

**Directions:** If you require 100 hours or more for your internship, complete this form in its entirety and send to [comenga@dfps.texas.gov](mailto:comenga@dfps.texas.gov) long with your resume and cover letter. The email subject should read: Internship Inquiry city/county. For example: Internship Inquiry- Austin/Travis. If you require less than 100 hours, please visit the following [link](https://www.dfps.texas.gov/Community/volunteer/default.asp) to request an opportunity to volunteer with the agency.

| APPLICANT INFORMATION | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | | | | | Email Address: | | | | | Telephone/Cell Number: | |
| Street Address (including city state and zip code): | | | | | | | | | | | | | |
| Are you Employed with DFPS?  Yes  No | | | | | | | | If yes explain: | | | | | |
| Have you secured your own placement within DFPS?  Yes  No | | | | | | | | If yes, with who?  (Name, Number, Email and Department): | | | | | |
| Internship Requirements:  Undergraduate  Graduate  Other | | Fall Semester  Spring Semester  Summer Semester | | | | | | Total Hours Needed: | | | | | |
| Specific Supervision Requirements: | | | | | | | | | | | | | |
| Preferred Placement:  Adult Protective Services (Field)  Child Protective Investigations (Field)  Child Protective Services (Field) | | | | | | | | Faith-Based and Community Engagement (State Office)  Human Trafficking (State Office)  Legal (State Office)  Statewide Intake (State Office)  Youth and Parent Helpline (State Office)  Other: (State Office) Specify: | | | | | |
| University Information: (Name and Location) | | | | | | University Point of Contact: (Name, Number and Department) | | | | | | | |
| What format of internship are you comfortable with?  In-Person  Virtual  Hybrid | | | | | | | | | | | | | |
| What days and times are you available to work? | | | | | | | | | | | | | |
| Monday: | Tuesday: | | Wednesday: | | Thursday: | | | | Friday: | | Saturday: | | Sunday: |
| Signature:  **X** | | | | Printed Name:  **X** | | | | | | Date Signed: | | | |

| FBCE USE ONLY |
| --- |
| Has the applicant completed and returned the following documents?  Volunteer Application  Non DFPS Staff Computer Security Agreement  Volunteer Confidentiality Agreement |