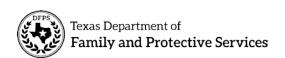


## **VOLUNTEER APPLICATION**

**Purpose:** Use this form to apply to volunteer with the Department of Family and Protective Services (DFPS). **Directions:** Complete this form and submit it to your local volunteer coordinator in person or via mail or email. **Note**: A Social Security number is required to complete this form.

VOLUNTEER INFORMATION							
Name (last, first, middle):  Preferred		name:	: Date of birth: Place o		of birth (city, state):		
Other names or spellings Used (married, maiden, alias, for example: First, middle, last							
☐ No Other Names							
Current address (street, city, state,	ZIP code):			County:			
Have you had any other residences address, city and county, and ZIP co				No If "yes,"	' list them below (street		
Have you lived outside Texas in the past 2 years?  Yes  No	Driver licer	nse, state,	and number:		Social Security number:		
Alternate ID #:	ate ID #:  Type of alternate ID:  Canadian SIN  Military ID  Passport Permanent residency card  State photo ID						
Home telephone:	Mobile teleph	· 1		Email addre	ess:		
Gender:  Male Female	☐ Black ☐ White	Indian/Ala waiian/Pad		Ethnicity:  Hispanic  Not Hispanic  Unable to determine			
Organization represented (if applicable):		Wh	Who referred you to DFPS?				
Why do you want to volunteer for D	FPS?						
Applicable skills:							
Type of volunteer services preferred:							
Are you willing to receive training for another assignment?   Yes   No							



EDUCATION (CHECK HIGHEST LEVEL COMPLETED)						
☐ Elementary school ☐ Middle school ☐ High school ☐ Vocational training ☐ Some college ☐ College ☐ Graduate school						
Interns: Some college Undergraduate Graduate Post graduate						
University:		Date of undergrad degree:	uate	Date of graduate degree:		
ADDITIONAL LANGUAGES						
Language	Speak	Read		Write		
	☐ Fair ☐ Good ☐ Excellent	☐ Fair ☐ Good ☐ Excellent	☐ Fair ☐ Good ☐ Excellen	t		
	☐ Fair ☐ Good ☐ Excellent	☐ Fair ☐ Good ☐ Excellent	☐ Fair ☐ Good ☐ Excellen	t		
American Sign Language:	☐ Fair ☐ Good ☐ Excellent	□ N/A				
	PREVIOUS VOLUNT	EER EXPERIENCE				
Orga	nization	Position		Responsibilities		
DATE(S) AND TIME(S) AVAILABLE						
Days per week:		Hours per week:				
Comments:						



ELECTRONIC SIGNATURE FO	DR VOLUNTEER AGREEMENT			
<ul> <li>☐ I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks, and I authorize DFPS to complete these checks.</li> <li>☐ I authorize DFPS to run an FBI criminal history check, which requires fingerprinting, if my role will have access to criminal history information.</li> <li>☐ I understand that background checks are conducted on annually for DFPS volunteers. I authorize DFPS to conduct a criminal history and Central Registry check each year that I volunteer with DFPS.</li> <li>☐ I understand that children in DFPS care have experienced trauma in their lives.</li> </ul>				
I understand this trauma may manifest itself in extreme behaviors, which include foul language, outbursts, and physical aggression.  I understand that my signature on this Electronic Signature Acknowledgement form is equivalent to my handwritten signature and is legally binding. An electronic signature has the same validity and meaning as my handwritten signature. I will not, at any time, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I acknowledge and warrant the truthfulness of the information provided in this document.				
Electronic signature of volunteer:	Date signed:			



CHECKLIST FOR VOLUNTEER COORDINATORS				
For all volunteers:  Complete volunteer application form and enter information in tracking system.  Check personal references using telephone or mail reference check forms.  Review Volunteer and Community Engagement Policy Handbook, sections 4000–8000.  Select job placement with volunteer. If appropriate, complete background check.  Complete Transportation Form 250c (if transporting or performing essential driving duties as an official part volunteer duty description).  Review duties with volunteer.  Review DFPS Volunteer Guidebook and Work Rules and Standards of Conduct.  Review and sign Confidentiality Agreement (Form 251).  Arrange on-the-job and formal training, when appropriate.  Instruct volunteers to send you hours worked at the end of each month and enter them into the volunteer management site, VOMO.				
For volunteers with direct client contact or access:  Conduct criminal history and Central Registry check.  Instruct volunteer to complete online direct-service trainings and sign Form 0249. The training and forms can be found at https://www.dfps.state.tx.us/Community/Volunteer/training.asp.  For volunteer transporters and essentials drivers: Check auto insurance, valid driver license, and driving record, in accordance with Sec. 8600 of VCE Handbook.  If the volunteer or intern will have access to any criminal history information, request fingerprinting for an FBI check.				
For volunteers selected for computer access (see section 5800 of VCE Handbook):  Conduct criminal history and Central Registry check.  If the volunteer or intern will have access to any criminal history information, request fingerprinting for an FBI check.  Completed Non-DFPS Staff Computer Security Agreement (Form 4047).  Schedule volunteer for appropriate computer training.  Complete Move/Add/Change (eMac).				
SUPERVISOR OR VOLUNTEER COORDINATOR INFORMATION				
Supervisor name:	Unit/Location:			
Volunteer coordinator name:	Unit/Location:			