Volunteer Application

**Purpose:** Use this form to apply to become a volunteer with the Department of Family and Protective Services (DFPS).

**Directions:** Complete this form and submit it to a DFPS community engagement specialist in person or via mail or email.

**Note**: To complete this form, a Social Security number is required.

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| VOLUNTEER INFORMATION |
| Name (Last, First, Middle):      | Preferred Name:      | Date of Birth:      | Place of Birth (City, State):      |
| Other Names Used/Known By (aliases, maiden name, previous married name, etc.):      |
| Current Address (Street, City, State, Zip Code):      | County:      |
| Have you had any other residences in Texas in the past 5 years? [ ]  Yes [ ]  No If “yes,” list them below (street address, city and county, and zip code — use an additional sheet if needed):      |
| Number of Years as a Texas Resident:      | Driver License State and Number:      | Social Security Number:      |
| Alternate ID #:       | Type of Alternate ID: [ ]  Canadian SIN [ ]  Military ID [ ]  Passport [ ]  Permanent Residency Card [ ]  State Photo ID  |
| Home Telephone:      | Cellular Telephone:      | Email Address:      |
| Gender:**[ ]** Male **[ ]** Female | Race (check all applicable):**[ ]** Asian **[ ]** American Indian/Alaskan Native **[ ]** Native Hawaiian/Pacific Islander**[ ]** Black **[ ]** White **[ ]** Unable to Determine (or none of the above) | Ethnicity:**[ ]**  Hispanic**[ ]** Not Hispanic**[ ]** Unable to Determine |
| Organization Represented (if applicable):      | Who referred you to DFPS?      |
| Why do you want to volunteer for DFPS?      |
| 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 Undergraduate Degree:      | Date of Graduate Degree:      |
| ADDITIONAL LANGUAGES |
| Language | Speak | Read | Write |
|       | **[ ]** Fair **[ ]** Good **[ ]** Excellent | **[ ]** Fair **[ ]** Good**[ ]** Excellent | **[ ]** Fair **[ ]** Good**[ ]** Excellent |
|       | **[ ]** Fair **[ ]** Good **[ ]** Excellent | **[ ]** Fair **[ ]** Good**[ ]** Excellent | **[ ]** Fair **[ ]** Good **[ ]** Excellent |
| American Sign Language: **[ ]** Fair **[ ]** Good **[ ]** Excellent **[ ]** N/A |
| PREVIOUS VOLUNTEER EXPERIENCE |
| Organization | Position | Responsibilities |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| DATE(S) AND TIME(S) AVAILABLE |
| Days per week:       | Hours per week:       |
| Comments:      |
| ELECTRONIC SIGNATURE VOLUNTEER AGREEMENT |
| **[ ]** I understand that I am requesting volunteer placement requiring criminal history and central registry checks and authorize DFPS to complete these checks.**[ ]**  I understand that background checks are conducted on an annual basis for DFPS volunteers. I authorize DFPS to conduct a criminal history and central registry check each year that I volunteer with DFPS.**[ ]** I understand that by signing this Electronic Signature Acknowledgement form, it is equivalent to my handwritten signature and legally binding. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, 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:X       | Date Signed:      |
| RETURN RESULTS TO (FOR DPFS USE ONLY) |
| Full Name:Stacey Jourdain, CIS Region 3 West | Contact Phone:817-792-5274 | Mail Code:013-8 |
| Program (APS, CPS, CCL), Unit, and Location:CPS, Region 3 West |
| Check box to indicate applicant’s involvement:**[ ]** Volunteer **[ ]**  Intern (non-paid) **[ ]** PCG **[ ]** Board Member |

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| CHECKLIST FOR VOLUNTEER'S SUPERVISOR |
| **For all volunteers**:**[ ]** Complete volunteer application form/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.**[ ]** CompleteTransportation Form 250c (if transporting or performing essential driving duties as an official part job description).**[ ]** Review job duties with volunteer.**[ ]** Review DFPS Volunteer Guidebook and Work Rules and Standards of Conduct.**[ ]** Review and sign Confidentiality Agreement (Form 251).**[ ]** Complete and sign ID Card when appropriate (see Sec. 670 of VCE Handbook).**[ ]** Arrange on-the-job and formal training, when appropriate.**[ ]** Provide volunteer with instructions for entering volunteer hours on automated tracking systems. (Reporting Form 260 can be used if volunteer cannot enter hours directly on tracking system.) |
| **For volunteers with direct client contact or access**:**[ ]** Conduct criminal history and central registry check.**[ ]** For direct contact with children: TB test within past 12 months required.**[ ]** Volunteer transporters/essentials drivers: check auto insurance, valid driver's license, and driving record, in accordance with Sec. 8600 of VCE Handbook. |
| **For volunteers selected for computer access (see Sec. 5800 of VCE Handbook):****[ ]** Completed Non-DFPS Staff Computer Security Agreement (Form 4047).**[ ]** Schedule volunteer for appropriate computer training.**[ ]** Complete Move/Add/Change (eMac). |
| SUPERVISOR AND/OR VOLUNTEER COORDINATOR INFORMATION |
| Supervisor Name:      | Unit/Location:      |
| Volunteer Coordinator Name:Stacey Jourdain | Unit/Location:Region 3 West, Regional Office Arlington |