



## 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.

VOLUNTEER INFORMATION		
Full Legal 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list them below (street address, city and county, and zip code — use an additional sheet if needed):  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
Number of Years as a Texas Resident:	Driver License State and Number:	Social Security Number:
Alternate ID #:	Type of Alternate ID: <input type="checkbox"/> Canadian SIN <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Residency Card <input type="checkbox"/> State Photo ID	
Home Telephone:	Cellular Telephone:	Email Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all applicable): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or none of the above)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine

Organization Represented (if applicable):	Who referred you to DFPS?
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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:
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**ADDITIONAL LANGUAGES**

Language	Speak	Read	Write
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> 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:
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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:

Contact Phone:

Mail Code:

Program (APS, CPS, CCL), Unit, and Location:

Check box to indicate applicant's involvement:

- Volunteer  Intern (non-paid)  PCG  Board Member

**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.
- Complete Transportation 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:	Unit/Location: