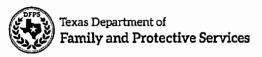


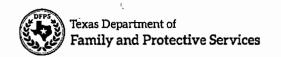
VOLUNTEER APPLICATION

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 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 in Texas in the past two years? Yes No If "yes," list them below (street address, city and county, and ZIP code — use an additional sheet if needed):						
Have you lived outside Texas in the past 2 years? ☐ Yes ☐ No	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:	Mobile telephone:		Email addre	ess:		
Gender: ☐ Male ☐ Female	☐ Asian ☐ His ☐ American Indian/Alaskan Native ☐ Not		Ethnicity: Hispanic Not Hisp Unable t	nic		
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						

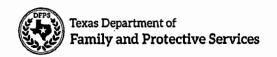


EDUCATION (CHECK HIGHEST LEVEL COMPLETED)						
☐ Elementary school ☐ Middle school ☐ High school ☐ Vocational training ☐ Some college ☐ College ☐ Graduate school						
Interns: Some college Undergraduate Graduate Post graduate						
University:		Date of undergraduate degree:		Date of graduate degree:		
ADDITIONAL LANGUAGES						
Language	Speak	Read		Write		
	Fair Good Excellent	Fair Good Excellent	Fair Good Excellen	it ·		
	Fair Good Excellent	Fair Good Excellent	Fair Good Exceller	ıt .		
American Sign Language:	Fair Good Excellent					
	PREVIOUS VOLUNT	EER EXPERIENCE				
Organ	nization	Position	n	Responsibilities		
	DATE(S) AND TIM	E(S) AVAILABLE				
Days per week:		Hours per week:				
Comments:	• ,					
			•			
		•				



ELECTRONIC SIGNATURE FOR VOLUNTEER AGREEMENT				
☐ I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks, and I authorize DFPS to complete these checks.				
\square I authorize DFPS to run an FBI criminal history check, which requires fingerprinting, if my role will have access to criminal history information.				
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.				
\square I understand that children in DFPS care have experienced trauma in their lives.				
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:			
X				

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:		



VOLUNTEER CONFIDENTIALITY AGREEMENT

Purpose: This is form is used to record the volunteer's agreement to keep all client information confidential.

Directions: To complete this form the volunteer reads the information and signs his or her name. For questions, contact the <u>Volunteer Coordinator</u>.

CONFIDENTIALITY STATEMENT

As a volunteer for the Texas Department of Family and Protective Services, I understand:

- I am not permitted to take or share photographs of DFPS clients, unless otherwise approved by DFPS;
- Any information, including client identities and case details, obtained while I am volunteering with DFPS
 must not be discussed or disclosed to any person, other than current DFPS employees and volunteers, and
 then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of confidential information may be considered a violation of law subject to criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy.

SIGNATURES				
I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.				
Signature of Volunteer:	Date Signed:			
X				
Printed Name of Volunteer:	Date Signed:			
X				