



## 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			
<input type="checkbox"/> No Other Names			
Current address (street, city, state, ZIP code):			County:
Have you had any other residences in Texas in the past two 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):			
Have you lived outside Texas in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	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:	Mobile 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?	
Why do you want to volunteer for DFPS?			
Applicable skills:			
Type of volunteer services preferred:			
Are you willing to receive training for another assignment? <input type="checkbox"/> Yes <input type="checkbox"/> 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
	<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: \_\_\_\_\_

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.
- 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.
- 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:

X

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:



### VOLUNTEER CONFIDENTIALITY AGREEMENT

**Purpose:** This 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 Volunteer Coordinator.

#### 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:

X

Date Signed:

Printed Name of Volunteer:

X

Date Signed: