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? ☐ 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:	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: