



Volunteer Application

Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected, by contacting the person or unit to whom you submitted this form."

Name (Last, First, Middle)	Preferred Name	Date of Birth	Home Telephone
Address (Street, City, State, ZIP Code)			County
Other Names Used/Known By (list any other names (aliases) you have used, such as maiden name, previous married name, etc):		Organization Represented (if applicable):	Who referred you to DFPS?

Why do you want to volunteer for DFPS?

Applicable skills:

Type of volunteer service preferred: _____

Are you willing to receive training for another assignment? Yes No

Education (Check highest level completed):

<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational or Technical Training	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Interns: <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> post graduate					
University		Date of undergraduate degree		Date of graduate degree	

Additional Languages (list):

	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	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NA		

Previous volunteer experience:

Organization:	Position:	Responsibilities:
_____	_____	_____
_____	_____	_____

Date(s) and time(s) available:

Days per week: _____

Hours per week: _____

Comments:



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Are you presently employed?

Yes No

If yes, where? _____

Work Telephone _____

Address: _____

Occupation: _____

Prior employment:

Company: _____

Position: _____

Responsibilities: _____

Can you provide transportation for others?

Yes No

If yes, please complete Transportation Form 250c

Please list three (3) personal references (excluding relatives):

Name: _____

Address: _____

Telephone #: _____

Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge.

I agree to conform with the Texas Department of Family and Protective Services rules and regulations to the best of my ability.

I agree to respect the confidential nature of case information and any personal contact with clients.

I agree to inform the department if I am named in complaints or indictments or convicted of offenses.

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training.

Signature of Volunteer

Date

In case of emergency, please notify:

Name	Relationship	Telephone #
Address		