# 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 |
|---|---|---|---|
| ~~Brogna~~ Lieb Rebecca R | Rebecca | 2-11-71 | 512-352 0170 |
| 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? |
|---|---|---|
| Rebecca O'Brien - Lieb | Williamson County Child Welfare Board | Susan Komandosky |

Why do you want to volunteer for DFPS?
I desire to serve the families and children of Williamson County

Applicable skills:
fundraising clerical

Type of volunteer service preferred:

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

## Education *(Check highest level completed):*

☑ ~~Elementary~~ School ☑ ~~Middle~~ School ☑ ~~High~~ School ☑ ~~Vocational or~~ Technical Training ☑ ~~College~~ ☐ Graduate School

Interns: ☐ undergraduate ☐ graduate ☐ post graduate

University Date of undergraduate degree Date of graduate degree

## Additional Languages *(list):*

| | 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 ☐ NA | | |

## Previous volunteer experience:

| Organization: | Position: | Responsibilities: |
|---|---|---|
| Moody Museum Board | member | fundraising clerical etc |
| | | |

## Date(s) and time(s) available:

Days per week: 1

Hours per week: 4

Comments:

Original - Volunteer file maintained by Volunteer Supervisor
Copy - Volunteer Service Coordinator

Form 0250
Nov 2004

# Volunteer Application

**Are you presently employed?**

☐ Yes ☒ No

If yes, where? _____ Work Telephone _____

Address: _____

Occupation: _____

**Prior employment:**

| Company: | Position: | Responsibilities: |
|---|---|---|
| Music Instructor | | |
| | | |

**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 #: |
|---|---|---|
| Susan Komorowski | 2207 Bradwell Taylor Tx | 512-791-4451 |
| Nonnie Wade | 901 Hackberry Taylor Tx | 956-221-0819 |
| Trish Bizzle Gatlin | trish@cnbt.com | 512-844-8910 |

**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.

Rebecca K Lieb — Signature of Volunteer

9-9-14 — Date

**In case of emergency, please notify:**

| Name | Relationship | Telephone # |
|---|---|---|
| Rick Lieb | Husband | 512-955-9055 |

Address: 514 W Lake Dr. Taylor TX 76574

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Form 0250
Nov 2004