



*Judge Dan A. Gattis
Williamson County Courthouse
710 Main Street, Ste. 101
Georgetown, TX 78626*

December 11, 2015

The Honorable Dan Gattis and Williamson County Commissioners:

I am requesting the Commissioner's Court approve the appointment of Amanda Bradley to the Williamson County Child Welfare Board. Amanda lives in Georgetown and has attended a board meeting. We have also visited with her and discussed board responsibilities and given her an overview of our board's activity. Like many before her, she is excited about volunteering her time and talents for the good of the board and above all the foster children of Williamson County. Enclosed is a copy of her application for each of you to review.

Please place this request for a new appointment to the board on your agenda at your earliest convenience. Please call, fax, or email me with any questions you might have. Thank you so much for your time and the attention you give to our board and in turn enable us to partner with Williamson County to help care for the foster children of Williamson County!

Respectfully Submitted,

Dianne Howell
Dianne Howell-WCCWB President



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

Why do you want to volunteer for DFPS?
I'd like to help make a positive impact on other's lives

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 checked="" type="checkbox"/> College	<input type="checkbox"/> Graduate School
Interns: <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> post graduate					
University <u>Texas A&M University</u> Date of undergraduate degree <u>Dec. 2007</u> 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		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Previous volunteer experience:

Organization: <u>Bud & Norma Johnson Family Foundation</u>	Position: <u>Secretary</u>	Responsibilities: <u>Annual Donation Letters</u> <u>Meeting Minutes</u>
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Date(s) and time(s) available:

Days per week: 1-2

Hours per week: 2-5

Comments:



Volunteer Application

Are you presently employed?

☒ Yes ☐ No

If yes, where?

GUSL DMA

Work Telephone

Address:

702 E. University Ave Georgetown, TX 78626

Occupation:

owner, marketing director

Prior employment:

Company:

ASSONIA
Zalex

Position:

Mktg Director
Asst. Buyer

Responsibilities:

oversee 25 accounts
help w/ merchandise
selection

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 #:

Jami Nelson

Dianne Howell

Angela Fieling

Lindsay Graham

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.

Amanda Bradley

Signature of Volunteer

11/30/15

Date

In case of emergency, please notify:

Name

Mark Bradley

Relationship

Husband

Telephone #

Address

Georgetown, TX 78628