

Dianne Howell

Texas Department of Family and Protective Services

VOLUNTEER PROGRAM
WORK RULES, STANDARDS OF BEHAVIOR AND PERFORMANCE

The mission of FPS is enhanced by the contribution of volunteers. The agency is grateful to volunteers for their time and commitment. FPS requests that volunteers adhere to FPS rules and standards for volunteers as set out below.

Attendance Standards

1. The tasks you perform are highly valuable. We depend on you. Please observe scheduled volunteer time agreed upon by you and your supervisor, including scheduled coffee and lunch breaks if applicable.
2. If you are unable to report for your scheduled volunteer time, notify your supervisor as soon as possible.

Work Standards

3. Maintain conduct in accordance with the proper performance of duties, operations of the office, and goals and objectives of the department and personal conduct standards.
4. Maintain a helpful attitude toward other volunteers, employees, supervisors, clients and the general public.
5. Follow instructions issued by the supervisor related to job performance, and exercise care in performing assignments by maintaining department standards, and personal conduct standards.
6. Please refrain from excessive personal use of the telephone, personal conversations, selling products or services to volunteers or employees, or other distracting behavior.
7. All department case records, information, and names of clients are confidential. *The Volunteer Confidentiality Agreement must be signed prior to beginning placement.*
8. You must not falsify any documents or make false statements related to your FPS volunteer duties.

Personal Conduct Standards

9. Exhibit courtesy and respect in your interactions with clients, peers, FPS staff, vendors, contractors and others in the course of your job. Verbal or physical abuse, and/or discrimination against a client, a member of the community, or another FPS employee or volunteer are not acceptable.
10. Knowledge gained through volunteer service may not be used for personal profit, profit for friends or family, to obtain a child for adoption, or for any other personal gain or benefit. Compensation, gifts, or promises, which could

- influence the performance of duties may not be accepted. Services or favors to other employees, applicants, clients, or other persons may not be granted.
11. Avoid even the appearance of favoritism, prejudice, undue influence or impropriety. If you work closely with law enforcement and other community agencies and/or testify in court as a representative of this agency, make certain that your conduct maintains your credibility in the community as a potential witness.
 12. Harassment or retaliation of any kind is not tolerated. Observe all agency non-discrimination policies.
 13. Protect State information and property. You may not destroy, falsify, remove, steal, conceal or otherwise misuse any State information or property. You may not use long-distance telephone services; FPS information and communication services; FPS computer systems or other FPS equipment for personal use, except as specifically permitted in FPS on-line handbooks. You may not list your FPS telephone number for personal or business advertising.
 14. You may not participate in political activity while on duty, or attempt to influence any FPS activity for political purposes.
 15. You may not use alcohol or illegal drugs while on duty; bring alcoholic beverages or illegal drugs onto State-owned or leased property, including buildings or vehicles; or possess, manufacture, distribute, dispense, or use alcoholic beverages or illegal drugs on or in State-owned or leased property, including buildings and vehicles.
 16. You may not be under the influence of alcohol or drugs while on duty. You may not be under the influence of any illegal substances while on duty, and you may not be under the influence of any substance, whether or not it is legal, that substantially impairs your ability to perform your duties.
 17. You may not have firearms or other dangerous weapons at the workplace, including your private vehicle when parked at the workplace, or during the performance of your duties. You may not engage in any activities that endanger your peer, staff, clients, or the community. You must not make any threats or threaten violence to your peer, staff, clients and providers, even jokingly. You may not compromise the safety of your peers, staff, the general public, or the workplace.
 18. Conviction of, or admission of guilt for a misdemeanor or felony that prohibits employment in your position, will result in termination of your placement.
 19. Dress appropriately and professionally in accordance with your placement, and exercise good judgment and care in personal grooming. Refer to FPS Dress Codes for guidance. *The Regional Dress Code policy must also be provided and signed in addition to this form.*
 20. All FPS offices are non-smoking.
 21. Department rules, regulations, and policies, including those stated in FPS personnel and volunteer management handbooks must be honored. Other regulations may be applied through executive letters.

Ask your supervisor's advice or call Human Resources if you are uncomfortable with a situation or when you have questions about any issue related to work ethics.

Privacy in the Workplace

FPS maintains legal authority to inspect computer files, paper files, electronic mail; and voice mail systems. Additionally, authorized FPS staff may inspect volunteer and employee workspaces, including desks. The Department may also monitor telephone calls. FPS employees must be aware that, as State volunteers or employees, there is no expectation of privacy in the workplace.

Supervisors may issue additional, reasonable work rules, if such are required.

I acknowledge that I have read and will observe the above standards and regulations.

<u>awash</u>	<u>3-11-16</u>	_____	_____
Volunteer Signature	Date	Supervisor Signature	Date



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>Washington, Amy Lynn</u>	Preferred Name <u>Amy</u>	Date of Birth	Home Telephone
Address (Street, City, State, ZIP Code) <u>Georgetown, TX</u>			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>Amy Robinson</u>	Organization Represented (if applicable): <u>WCCWB</u>	Who referred you to DFPS? <u>Nancy Zenner</u>	

Why do you want to volunteer for DFPS?

To help support and bring awareness to foster children in Wilco.

Applicable skills:

Type of volunteer service preferred: Board member

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 Blinn Junior College

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: <u>FRGCT</u>	Position: <u>Youth Group Leader</u>	Responsibilities: <u>Small group leader, service comm.</u>
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Date(s) and time(s) available:

Days per week: _____

Hours per week: _____

Comments: monthly meetings and as needed



Volunteer Application

Are you presently employed?

☒ Yes ☐ No

If yes, where? Keller Williams Realty Work Telephone 512-636-3695
Address: 323 S. Austin Avenue Georgetown, TX 78626
Occupation: Realtor

Prior employment:

Company: WTAW News Radio Position: News Reporter/Anchor Responsibilities: Covering news events

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 #:
<u>Brett Levy</u>	<u></u>	<u></u>
<u>Avis Winkasch</u>	<u></u>	<u></u>
<u>Shanna Downs</u>	<u></u>	<u></u>

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.

Chris Washington
Signature of Volunteer

3-11-16
Date

In case of emergency, please notify:

Name	Relationship	Telephone #
<u>Chris Washington</u>	<u>Husband</u>	<u></u>

Address



BACKGROUND CHECK AUTHORIZATION

This form should be attached to Part I, Volunteer Application, Form 0250a.

NOTE: Failure to complete each field could delay or prevent the return of your volunteer's background check results.

PLEASE PRINT: First Name <i>Amelia</i>	Middle Name <i>Lynn</i>	Last Name <i>Washington</i>	# of yrs as TX resident <i>--</i>		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed) <i>Amy Robinson</i>					
Residence Street Address <i>11111</i>		City <i>Georgetown</i>	County <i>Williamson</i>	State <i>TX</i>	Zip Code <i>78626</i>
Residence Telephone No. (A/C) <i>N/A</i>	Date of Birth <i>11-11-88</i>	Gender: <input type="checkbox"/> Male - <input checked="" type="checkbox"/> Female	SSN <i>123-45-6789</i>	DL Number/State <i>12345678 TX</i>	
List all other Texas residences in the past 5 years (street address and city - continue on back as needed). If no other addresses, please note. <i>None</i>					
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or, none of the above)			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		

Volunteer Agreement

<input checked="" type="checkbox"/> I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks and authorize the department to conduct these checks.	
<input checked="" type="checkbox"/> 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.	
<div style="text-align: center;"><i>awashli</i> _____ Signature of Volunteer</div>	<div style="text-align: center;"><i>3-11-16</i> _____ Date</div>

Return Results to (FOR DFPS USE ONLY):

Full Name <i>Amelia Lynn Washington</i>	Contact Phone <i>512-345-6789</i>	MAIL CODE <i>78626</i>
Program (APS, CPS, CCL), Unit and Location <i>CPS, Unit 1, Location 1</i>		
Check box to indicate applicant's involvement: <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERN (non-paid) <input type="checkbox"/> PCG <input type="checkbox"/> BOARDMBR		

VOLUNTEER CONFIDENTIALITY STATEMENT

I, A.W., am a volunteer for the Texas Department of Family and Protective Services. I UNDERSTAND:

- The information provided by DFPS is confidential by law;
- The information provided by DFPS may not be used for any purpose other than the purpose for which I am volunteering; and
- 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 this confidential information may be considered a violation of law subject to a criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code.

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.



Signature of Volunteer

3-11-16
Date

Signature of Parent (if the volunteer is a minor)

Date

This original Volunteer Confidentiality Statement must be returned to

Placement Supervisor, DFPS

Address

City, TX Zip Code