



Judge Bill Gravell
Williamson County Courthouse
710 main street Ste.101
Georgetown, Texas 78626

February 3, 2020

The Honorable Judge Bill Gravell and Williamson County Commissioners,

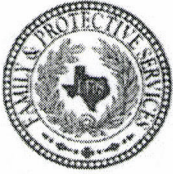
I am requesting the commissioners court approve the following board members to the Williamson County Child Welfare Board for a 3 year term beginning October 2020 to September 2023; Rebecca Severson and Joy Alexander. Joy has served previously with our board and has been an asset to our work. Rebecca has been volunteering in an unofficial capacity for some time and she also has gifts and skills that contribute to the work that we do for children in foster care in Williamson County. I have include the application forms for you to look over.

I respectfully request that these appointments be placed on your agenda at your earliest convenience.

Please call or email me with any questions you may have. Thank you for the opportunity to serve this court and these precious children.

Respectfully,

Rebecca O'Bryan-Lieb
President WCCWB
512-595-6230
rebeccaobryanlieb@reagan.com



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): Severson, Rebecca S | Preferred Name: Rebecca | Date of Birth: [REDACTED] |
| Place of Birth (City, State): [REDACTED] | | |
| Other Names Used/Known By (aliases, maiden name, previous married name, etc.): Maiden Name Rebecca Marie Stuard | | |
| Current Address (Street, City, State, Zip Code): [REDACTED] | | County: USA |
| Have you had any other residences in Texas in the past 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes," list them below (street address, city and county, and zip code — use an additional sheet if needed): N/A | | |
| Number of Years as a Texas Resident: 54 | Driver License State and Number: [REDACTED] | Social Security Number: [REDACTED] |
| Alternate ID #: | Type of Alternate ID: <input type="checkbox"/> Canadian SIN <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Residency Card <input type="checkbox"/> State Photo ID | |
| Home Telephone: [REDACTED] | Cellular Telephone: [REDACTED] | Email Address: [REDACTED] |
| Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Race (check all applicable): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or none of the above) | Ethnicity: <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine |

| | |
|--|--|
| Organization Represented (if applicable): Williamson County Child Welfare Board | Who referred you to DFPS? Vanessa Nothnagel |
|--|--|

Why do you want to volunteer for DFPS?
I am very passionate about providing for children, especially those in the foster care system.

Applicable skills:
I am a hard worker who held officer positions in other non-profit organizations, including, President, Secretary, Vice President, Treasurer and Advisor. I am proficient as all Microsoft applications, including, Excel, PowerPoint and Word.

Type of volunteer services preferred:
I prefer collecting, organizing and distributing donations for the children.

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: Texas State University | Date of Undergraduate Degree: May 1995 | Date of Graduate Degree: |
|---------------------------------------|---|--------------------------|

ADDITIONAL LANGUAGES

| Language | Speak | Read | Write |
|----------|---|---|---|
| Spanish | <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair <input checked="" 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 checked="" type="checkbox"/> Excellent |

American Sign Language: Fair Good Excellent N/A

PREVIOUS VOLUNTEER EXPERIENCE

| Organization | Position | Responsibilities |
|----------------------------|-----------------------|---------------------------|
| Round Rock Sertoma | Serteen Advisor | Organized all teen volunt |
| St William Catholic Church | Nursing Home Minister | Providing spiritual suppo |
| RRHS Cheer Boosters | Secretary | Meeting minutes |
| RRHS Cheer Booster | Treasurer | Kept budgeg |

DATE(S) AND TIME(S) AVAILABLE

Days per week: 1 Hours per week: up to 8 on Weekend Days

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:

10/21/2019

RETURN RESULTS TO (FOR DFPS 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.
- 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:

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): Alexander, Joy Gale | Preferred Name: Joy | Date of Birth: [REDACTED] |
| Place of Birth (City, State): [REDACTED] | | |
| Other Names Used/Known By (aliases, maiden name, previous married name, etc.): Bowman, Powell | | |
| Current Address (Street, City, State, Zip Code): [REDACTED] | | County: Williamson |
| Have you had any other residences in Texas in the past 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 10 | Driver License State and Number: [REDACTED] | Social Security Number: [REDACTED] |
| Alternate ID #: | Type of Alternate ID: <input type="checkbox"/> Canadian SIN <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Residency Card <input type="checkbox"/> State Photo ID | |
| Home Telephone: | Cellular Telephone: [REDACTED] | Email Address: [REDACTED] |
| Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Race (check all applicable): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or none of the above) | Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine |

| | |
|---|---|
| Organization Represented (if applicable): | Who referred you to DFPS? Rebecca Obryant Lieb |
|---|---|

Why do you want to volunteer for DFPS?
I was on the board previously and believe this organization is doing the best work for children in need.

Applicable skills:
Clerical

Type of volunteer services preferred:
On the Child Welfare Board

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 |
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| | <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 checked="" type="checkbox"/> Excellent |

American Sign Language: Fair Good Excellent N/A

PREVIOUS VOLUNTEER EXPERIENCE

| Organization | Position | Responsibilities |
|---------------------|----------|------------------|
| Child Welfare Board | member | various |
| Taylor ISD | Mentor | Mentoring |
| R.O.C.K. | Founder | Horse |

DATE(S) AND TIME(S) AVAILABLE

| | |
|------------------|-----------------------------|
| Days per week: 5 | Hours per week: when needed |
|------------------|-----------------------------|

Comments:

ELECTRONIC SIGNATURE VOLUNTEER AGREEMENT

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Electronic Signature of Volunteer:

X Joy Alexander Digitally signed by Joy Alexander
Date: 2020.01.29 14:02:54 -06'00'

Date Signed:

01/29/2020

RETURN RESULTS TO (FOR DFPS 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

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Unit/Location:

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Unit/Location: