

## 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): Gibbons, Kimberly, Roper	Preferred Name: Kim	Date of Birth: 4/23/ [REDACTED]
Place of Birth (City, State): Waco Texas		
Other Names Used/Known By (aliases, maiden name, previous married name, etc.): Kimberly Lynn Roper		
Current Address (Street, City, State, Zip Code): [REDACTED] Cedar Park, TX 78613		County: Williamson
Have you had any other residences in Texas in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list them below (street address, city and county, and zip code — use an additional sheet if needed):  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             [REDACTED] Austin, Williamson County, 78729           </div>		
Number of Years as a Texas Resident: 52	Driver License State and Number: TX [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 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 type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or none of the above)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine



Organization Represented (if applicable):	Who referred you to DFPS? Prior employee
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Why do you want to volunteer for DFPS?  
I have had the honor of serving Texas children, families and CPS staff through employment with CPS for 27 years before my retirement on 1/31/2020. During my time with the agency I held many roles ranging from caseworker to upper management. For the last 3 1/2 years I served as the Director of Field, ultimately responsible for the 6000 staff that work with and support the children and families involved with the Texas Child Welfare System. Almost half of my career was spent working in Williamson County. I worked closely with community partners, the judiciary and the Child Welfare Board. In retirement I look forward to continuing to serve children involved with CPS and relish the opportunity to do so in my home community with an organization I have always held in high regard.

Applicable skills:  
\* 27 years employment with CPS to include both front line work with children and families as well as leadership at multiple roles within the agency.  
\* Volunteer work with children/youth through church  
\* Experience with the Child Welfare Board, community partners and judiciary in Williamson County  
\* Highly organized, solution focused, innovative and excited to serve in a volunteer capacity

Type of volunteer services preferred:  
Child Welfare Board member  
Open to other possibilities

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: Baylor University Graduated from Sam Houston State University	Date of Undergraduate Degree: 8/1992	Date of Graduate Degree:
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**ADDITIONAL LANGUAGES**

Language	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:  Fair  Good  Excellent  N/A

**PREVIOUS VOLUNTEER EXPERIENCE**

Organization	Position	Responsibilities
Gateway Church	Youth Services	work with chn/youth
Bethany UMC	Youth Services	as above

**DATE(S) AND TIME(S) AVAILABLE**

Days per week:varies      Hours per week:varies



Comments:

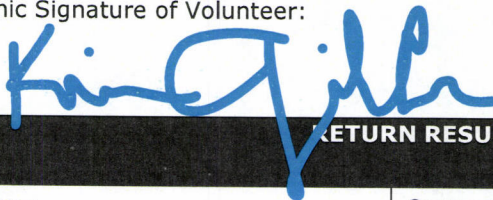
**ELECTRONIC SIGNATURE VOLUNTEER AGREEMENT**

- 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:

Date Signed:

X



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**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: