

VOLUNTEER CONFIDENTIALITY AGREEMENT

Purpose: This is form is used to record the volunteer's agreement to keep all client information confidential.

Directions: To complete this form the volunteer reads the information and signs his or her name. For questions, contact the Volunteer Coordinator.

CONFIDENTIALITY STATEMENT

As a volunteer for the Texas Department of Family and Protective Services, I understand:

- I am not permitted to take or share photographs of DFPS clients, unless otherwise approved by DFPS;
- 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 confidential information may be considered a violation of law subject to criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy.

SIGNATURES				
I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.				
Signature of Volunteer:	Date Signed:			
X Christine Mann	11-22-20			
Printed Name of Volunteer:	Date Signed:			
x Christine Mann	11-77-70			



VOLUNTEER APPLICATION

Purpose: Use this form to apply to become a volunteer with the Department of Family and Protective Services (DEPS)

Directions: Complete this form and submit it to a DFPS community engagement specialist in person or via mail or

Note: To complete this form, a Social Security number is required.

VOLUNTEER INFORMATION					
Full Legal Name (Last, First, Middle):	Preferred Name:	Date of Birth:			
A La case (Last, First, Middle):					
Mann, Christin		07-77-65			
Place of Birth (City, State): Schen	rectady, New York				
Other Names Used/Known By Callases, malden name, previous married name, etc.): Christine Eady, Christine Mane Eady, Christine Cumming S					
Current Address (Street, City, State, Zi	n Code):	County: U.S.			
Have you had any other residences in Texas in the past 5 years? Yes Yoo If "yes," list them below (street address, city and county, and zip code — use an additional sheet if needed):					
		A			
Number of Venue as a Toyas Basidanty	Driver Ligange State and Number	Contal Conview Numbers			
Number of Years as a Texas Resident:	Driver License State and Number:	Social Security Number:			
Alternate ID #: Type of Alternate ID: Canadian SIN Military ID Passport					
Permanent Residency Card State Photo ID					
Home Telephone:	Cellular Telephone:	Email Address:			
Condon	Dane (abade ali anglicable)	The right of			
Gender:	Race (check all applicable):	Ethnicity: Hispanic			
Female	American Indian/Alaskan Native	Not Hispanic			
	☐ Native Hawaiian/Pacific Islander	☐ Unable to Determine			
	□ Black				
	White				
	Unable to Determine (or none of the above)				

Organization Represented (if applicable):	Who referred you to DFPS?	Nevised ividicit 2017	
Why do you want to volunt	eer for DFPS?			
I have Serv	ed as a CASA	for Travis Cou	enty in the	
past and	found it imv further my work	nensely rewa	rding. I would	
like to f	further my work	con behalf of	childrenin	
- WY CO	UC 11 9			
Applicable skills: Ta	n a Family Prac	ticephysician	, and have	
cared for chi	Idren from rei	wborns up for	20 + years.	
		1	,	
Type of volunteer services	preferred: Sevula (on the William	mean Country	
Child Welfa	re Board	on the comman	MSON COLLINIY	
Are you willing to receive tr	aining for another assignment?			
	EDUCATION (CHECK HIGH	HEST LEVEL COMPLETED)		
☐ Elementary School ☐	Middle School High So	chool	raining	
		te School		
Interns: Some College	☐ Undergraduate ☐ Gradu			
University:		Date of Undergraduate Degree;	Date of Graduate Degree:	
	ADDITIONAL	LANGUAGES		
Language	Speak	Read	Write	
	☐ Good	☐ Fair	Fair	
	Excellent	☐ Good Excellent	☐ Good	
	Fair	Fair	Fair	
	Good	Good	Good	
	Excellent	☐ Excellent	☐ Excellent	
American Sign Language: [☐ Fair ☐ Good ☐ Excellent		Land Control of the C	
PREVIOUS VOLUNTEER EXPERIENCE				
	anization	Position	Responsibilities	
	5 County	Court appt. Special ac	ducall	
	Williamson County Amer. Heart Assoc. board in lember			
Leander High Sci	1001	Performed H.S. phi	ysicals for ban cu	
DATE(S) AND TIME(S) AVAILABLE				
	DATE(S) AND ITM	E(S) AVAILABLE		

Form C-105-0250 Revised March 2017

Comments:				
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ELECTRO	NIC SIGNATURE VOLUNTEER AGE	REEMENT		
I understand that I am requesting vo	lunteer placement requiring crimina	I history and central registry checks		
and authorize DFPS to complete these characteristics of independent of the property of the complete these characteristics of the complete the characteristics of the complete the characteristics of the ch		in DEDC		
to conduct a criminal history and central	registry check each year that I yolu	nteer with DEPS		
I understand that by signing this Elec				
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 a	any time in the future, repudiate the	meaning of my electronic signature or		
claim that my electronic signature is not information provided in this document.	legally binding. I acknowledge and	warrant the truthfulness of the		
Electronic Signature of Volunteer:	Data Signad			
^	Date Signed:			
X Christine Ea	J. N. 10 - 11 - 2	7-90		
" Coursens a	egrant 11 o	7 00		
RETUR	RN RESULTS TO (FOR DPFS USE O	NLY)		
	[[[[[[[[[[[[[[[[[[[[[
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				