



VOLUNTEER CONFIDENTIALITY AGREEMENT

Purpose: This 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:

X *Christine Mann*

Date Signed:

11-22-20

Printed Name of Volunteer:

X *Christine Mann*

Date Signed:

11-22-20



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): <u>Mann, Christine Eady</u>	Preferred Name: <u>Christine</u>	Date of Birth: <u>02-22-65</u>
Place of Birth (City, State): <u>Schenectady, New York</u>		
Other Names Used/Known By (aliases, maiden name, previous married name, etc.): <u>Christine Eady, Christine Marie Eady, Christine Cummings</u>		
Current Address (Street, City, State, Zip Code): [REDACTED]		County: <u>U.S.</u>
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: <u>51</u>	Driver License State and Number: [REDACTED]	Social Security Number: [REDACTED]
Alternate ID #: [REDACTED]	Type of Alternate ID: <input type="checkbox"/> Canadian SIN <input type="checkbox"/> Military ID <input checked="" 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 type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine

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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 *Christine Eady Mann* 11-22-20

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