

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

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Organization Represented (if applicable):	Who referred you to DFPS? Kim Gibbons		
<p>Why do you want to volunteer for DFPS?</p> <p>I am wanting to volunteer on the Williamson County Child Welfare Board to work alongside the already great people who are on the Board to serve children across Williamson County. I believe my experience on other Boards, both locally and on the National level, as well as my position leading our community programming at Austin-Travis County EMS will be a valuable asset for the Williamson County Child Welfare Board. Having worked with various local organizations will also bring value as collaboration is important to expand the Boards footprint and impact.</p>			
<p>Applicable skills:</p> <p>I am Captain with Austin-Travis County EMS and have lead our community programming since 2008. During that timeframe, I have worked within various Boards including Texas Alive Team, Safe Kids Austin, the National Child Passenger Safety Board and Success by 6 Leadership Team.</p>			
<p>Type of volunteer services preferred:</p> <p>Volunteer on the Williamson County Child Welfare Board.</p>			
Are you willing to receive training for another assignment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
EDUCATION (CHECK HIGHEST LEVEL COMPLETED)			
<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Vocational Training <input type="checkbox"/> Some College <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School			
Interns: <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate			
University: Iowa State University	Date of Undergraduate Degree: Bachelor of Science--Genetics Date of Graduate Degree: 05/01/2000		
ADDITIONAL LANGUAGES			
Language	Speak	Read	Write
French	<input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent	<input checked="" 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 checked="" type="checkbox"/> N/A			
PREVIOUS VOLUNTEER EXPERIENCE			
Organization	Position	Responsibilities	
DATE(S) AND TIME(S) AVAILABLE			
Days per week: 5		Hours per week: 15	


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:

01/16/2021

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: