

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):		Preferred Name:		Date of Birth:		
Wahrer, Tamara Renee		Tamara				
Place of Birth (City, State):				 -		
Other Names Used/Known By (pliaces, maiden name, and in the control of the contro						
Other Names Used/Known By (aliases, maiden name, previous married name, etc.):						
Current Address (Street, City, State, Zip Code):				County: Williamson		
Have you had any other residences in	Texas in the p	ast 5 years? 🗌 Yes 🔳	No			
If "yes," list them below (street addre	ess, city and co	unty, and zip code — use	an additiona	I sheet if needed):		
Number of Years as a Texas Resident: Driver License State and Number: Social Security Number:						
Alternate ID #:		e ID: 🗌 Canadian SIN 🏾		☐ Passport		
Home Telephone: Permanent Residency Card State Photo ID Cellular Telephone: Email Address:						
Tiome relephone.	Cellular Tele	phone:	Email Addre	ss:		
Gender:	Race (check	all applicable):	Ethnicity:			
☐ Male	☐ Asian	,	☐ Hispanic			
Female	☐ American	Indian/Alaskan Native	Not Hisp			
		waiian/Pacific Islander	☐ Unable t			
	Black					
	White					
	Unable to the above)	Determine (or none of				

Form C-105-0250 Revised March 2017

Organization Represented (if applicable):		Who referred you to DFPS? Kim Gibbons		
Why do you want to volunteer for DFPS? In my role as a school counselor, I have worked with students that have been served through the DFPS. I would like to make an additional difference to the lives of these children and adolescence. As a member of the Child Welfare Board, I hope to help raise awareness in the community of ways that we can support these children and build partnerships with educators and community members.				
Applicable skills: Collaboration, Knowledge of public school systems, Partnerships and programs available in Williamson County Schools, Trust Based Relational Intevertion- Level 2 trained, Activity planning, Google programs (spreadsheets, website management, forms), Canva				
Type of volunteer services preferred: Child Welfare Board				
Are you willing to receive tra	ining for another assignment?	■ Yes □ No		
EDUCATION (CHECK HIGHEST LEVEL COMPLETED)				
☐ Elementary School ☐ Middle School ☐ High School ☐ Vocational Training ☐ Some College ☐ College ☐ Graduate School				
	☐ Undergraduate ☐ Gradua	T		
University: UT San Antonio- Undergrad; 7	Texas State-Graduate	Date of Undergraduate Degree: 05/2004	Date of Graduate Degree:	
ADDITIONAL LANGUAGES				
Language	Speak	Read	Write	
	☐ Fair	☐ Fair	☐ Fair	
	Good	Good	Good	
	Excellent	Excellent	☐ Excellent	
	Fair	Fair	Fair	
m. D.	☐ Good ☐ Excellent	☐ Good ☐ Excellent	Good	
American Sign Language:	Fair Good Excellent		Excellent	
PREVIOUS VOLUNTEER EXPERIENCE				
Organization		Position	Responsibilities	
Gateway Church		Check-in Volunteer	Greet and Check-in sts.	
STATE OF THE STATE				
DATE(S) AND TIME(S) AVAILABLE				
Days per week:		Hours per week:		

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Comments			Trovidou Maron 201		
Comments:					
ELECTRO	NIC SIGNATURE	VOLUNTEER AGREEMENT			
I understand that I am requesting vo	lunteer placemen	t requiring criminal history and o	central registry checks		
and authorize DFPS to complete these ch	ecks.	a requiring arminiar motory and c	erical registry crices		
I understand that background checks	are conducted or	n an annual basis for DFPS volun	teers. I authorize DFPS		
to conduct a criminal history and central	registry check ea	ch year that I volunteer with DFI	PS.		
I understand that by signing this Electrical	tronic Signature A	Acknowledgement form, it is equ	ivalent to my handwritten		
signature and legally binding. Whenever	I execute an elect	tronic signature, it has the same	validity and meaning as		
my handwritten signature. I will not, at a	ny time in the fut	ture, repudiate the meaning of m	y electronic signature or		
claim that my electronic signature is not information provided in this document.	regally binding. I	acknowledge and warrant the tri	athfulness of the		
Electronic Signature of Volunteer:		Data Signadi			
ciectionic signature of volunteer:		Date Signed:	1		
		10/01/0001			
*		10/21/2021	1		
RETURN RESULTS TO (FOR DPFS USE ONLY)					
Full Name:	Contact Phone:		Mail Code:		
	contact mone.		Mail Code.		
Program (APS, CPS, CCL), Unit, and Location:					
ragian (11 5) of 5, ccc), offic, and coca	don.				
Check box to indicate applicant's involvement:					
☐ Volunteer ☐ Intern (non-paid) ☐ PC		her			
- Volumes Internation paid) - Fee - board Fielings					

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:			