



VOLUNTEER APPLICATION

Purpose: Use this form to apply to volunteer with the Department of Family and Protective Services (DFPS).

Directions: Complete this form and submit it to your local volunteer coordinator in person or via mail or email.

Note: A Social Security number is required to complete this form.

VOLUNTEER INFORMATION

Name (last, first, middle): Williams, Cheryl Lynn		Preferred name:	Date of birth: [REDACTED]	Place of birth (city, state): Austin, Texas
Other names or spellings Used (married, maiden, alias, for example): First, middle, last Cheryl Cates Williams, Cheryl Lynn Cates				
<input type="checkbox"/> No Other Names				
Current address (street, city, state, ZIP code): [REDACTED]				County: Williamson
Have you had any other residences in Texas in the past two 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):				
Have you lived outside Texas in the past 2 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Driver license, state, and number: Texas [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: [REDACTED]		Mobile 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
Organization represented (if applicable):			Who referred you to DFPS? Kim Gibbons	
Why do you want to volunteer for DFPS? Always looking for ways to support kids in need. This organization speaks to my heart.				
Applicable skills: Human Resources, state agency leadership, non-profit leadership, volunteer leadership				
Type of volunteer services preferred: Williamson County Child Welfare Board				
Are you willing to receive training for another assignment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:
Texas State University (FKA Southwest Texas State
University); Austin Community College

Date of undergraduate
degree:
BS Healthcare Administration

Date of graduate
degree:
12/1989

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
Round Rock Area Aggie Moms Club	President; Web Mom	Leadership
Round Rock HOA	President; Board member	Leadership

DATE(S) AND TIME(S) AVAILABLE

Days per week:

Hours per week:

Comments:

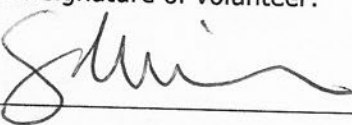
Open



ELECTRONIC SIGNATURE FOR VOLUNTEER AGREEMENT

- ☒ I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks, and I authorize DFPS to complete these checks.
- ☒ I authorize DFPS to run an FBI criminal history check, which requires fingerprinting, if my role will have access to criminal history information.
- ☒ I understand that background checks are conducted on annually 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 children in DFPS care have experienced trauma in their lives.
- ☒ I understand this trauma may manifest itself in extreme behaviors, which include foul language, outbursts, and physical aggression.
- ☒ I understand that my signature on this Electronic Signature Acknowledgement form is equivalent to my handwritten signature and is legally binding. An electronic signature has the same validity and meaning as my handwritten signature. I will not, at any time, 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:

5/3/20