



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): Grant, Melissa, Dyer	Preferred name: Melissa	Date of birth: [REDACTED]	Place of birth (city, state): [REDACTED]
Other names or spellings Used (married, maiden, alias, for example): First, middle, last [REDACTED]			
<input type="checkbox"/> No Other Names			
Current address (street, city, state, ZIP code): [REDACTED]			County: [REDACTED]
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: [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:	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? Self	
Why do you want to volunteer for DFPS? Want to make a difference, help the kids in the Foster system			
Applicable skills: Organization, resourceful, dedicated, leadership, compassion, commitment			
Type of volunteer services preferred:			
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:

Date of undergraduate
degree:

Date of graduate
degree:

ADDITIONAL LANGUAGES

Language	Speak	Read	Write
English	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" 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
Austin Smiles	Chair	Plan, fundraise, promote
Booster(RRIDS)	VP	anize, fundraise, leader:

DATE(S) AND TIME(S) AVAILABLE

Days per week: open

Hours per week: open

Comments:

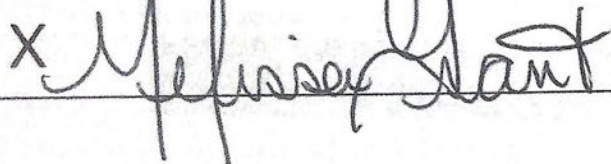
This board caught my attention while searching for another way to serve and offer my time.
I feel I have a lot to offer based off my history of volunteering on boards in the past.
I also feel connected; I was adopted, and our family adopted a teen out of the system 4 years ago.



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:
04/22/2023