

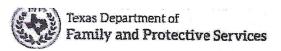
## VOLUNTEER APPLICATION

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

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

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	VOLUNTEER INFORMATION			
Name (last, first, middle)	Atriain Date of Dir	th: Place of birth (city, state):		
Other names or spellings First, middle, last	Used (married, maiden, allas, for example:			
☐ No Other Names				
Current address (street, o	County:			
Have you had any other readdress, city and county	esidences in Texas in the past two years? Lives and ZIP code — use an additional sheet if needed)	No If "yes," list them below (street		
Have you lived outside Tex past 2 years? ] Yes	as in the Driver license, state, and number	Social Security number:		
ternate ID #:	Type of alternate ID: Canadian SIN	Military ID Passport		
ome telephone:	Permanent residency card State  Mobile telephone:  SAME	State photo ID  Email address:		
ender: Male Female	Race (check all applicable):  Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Black White Unable to determine (or none of the above)	Unable to determine		
anization represented (if	applicable): Who referred you	ihhans		
to you want to voluntee	r for DFPS? Expenence in working 30yrs, myskills from my w	y with Foster Cere kids fork will be an assot to		
icable skills: Coordin	eting, being an active mem this addicial system; multite inc Projects	ber of several other isker; managing people		
of volunteer services pre		per		
ou willing to receive train	ing for another assignment? Pres No			

	EDUCATION (CHECK HIG	HEST LEVEL COMPLET	ED)		
☐ Elementary school ☐	Middle school High so	chool Vocati	onal training		
Provided Transport		ate school	and the same of the same of the same of the same of	To the second	
Interns: Some college	the state of the s	ate Post graduate			
University:	A STATE OF THE PARTY OF THE PAR			Date of graduate	
1	. 61010	degree:		degree:	
Southwest Tr	r starte				
	ADDITIONA	L LANGUAGES			
Language	Speak	Read		Write	
	[L] Fair	☐ Fair	☐ Fair	Fair	
Some	☐ Good	₩ Good	☐ Good		
Spanish	T Excellent	Excellent	☐ Excelle	nt	
't	Fair	☐ Fair	Fair		
	☐ Good	Good -	Good		
	Excellent	Excellent	Excelle	ent	
American Sign Language: [	☐ Fair ☐ Good ☐ Exceller	it WN/A			
	PREVIOUS VOLUI	NTEER EXPERIENCE			
Organization		Position	on	Responsibilities	
Organization					
NAME OF THE PROPERTY OF THE PR					
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		-			
	DATE(S) AND T	IME(S) AVAILABLE			
				1000 · 1	
Days per week: 3-24	dous	Hours per week:	20hr	5	
Days per week: 3-4	16-613				
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Mai B					



## 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.

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.

MI\_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:

tamaa Vulafara

Date signed:

5/6/23