



## 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):

Villafañe, Patricia

Preferred name:

Date of birth:

Place of birth (city, state):

Other names or spellings Used (married, maiden, alias, for example):

First, middle, last

☐ No Other Names

Current address (street, city, state, ZIP code):

[REDACTED] G.T., Tx [REDACTED]

County:

Williamson

Have you had any other residences in Texas in the past two years? ☒ Yes ☐ 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?

☐ Yes

☒ No

Driver license, state, and number:

Social Security number:

Alternate ID #:

Type of alternate ID: ☐ Canadian SIN ☐ Military ID ☐ Passport  
☐ Permanent residency card ☐ State photo ID

Home telephone:

Mobile telephone:

SAME

Email address:

Gender:

☐ 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)

Ethnicity:

☒ Hispanic

☐ Not Hispanic

☐ Unable to determine

Organization represented (if applicable):

Who referred you to DFPS?

Kim Gibbons

Why do you want to volunteer for DFPS? Experience in working with Foster Care kids while wkg. @ CPS for 30 yrs. my skills from my work will be an asset to the CWB.

Applicable skills: Coordinating, being an active member of several other TEAMS; worked with judicial system; multi tasker; managing people & teams; Running Projects

Type of volunteer services preferred:

CWB - Board Member

Are you willing to receive training for another assignment? ☒ Yes ☐ 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:

Southwest Tx State

Date of undergraduate  
degree: [REDACTED]

Date of graduate  
degree: [REDACTED]

ADDITIONAL LANGUAGES

Language	Speak	Read	Write
Spanish	<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: ☐ Fair ☐ Good ☐ Excellent ☒ N/A

PREVIOUS VOLUNTEER EXPERIENCE

Organization	Position	Responsibilities

DATE(S) AND TIME(S) AVAILABLE

Days per week: 3-4 days

Hours per week: 20 hrs

Comments:

I am retired @ this time. I do care take my parents but they are not in need of 24 hr supervision. I do have some one that comes in 3x a wk to spend time with my mother.





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 Patricia Villafañe

Date signed:

5/6/23