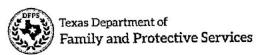


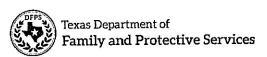
VOLUNTEER APPLICATION

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		3,17
Name (last, first, middle): Deazvedo, Jennifer, Dawn	Preferred name Jennifer or Jen	Date of birt	h: Place of birth (city, state):	
Other names or spellings Used (mar First, middle, last Miller, Jennifer, Dawn	ried, maiden, alias, f	or example:		
☐ No Other Names				
Current address (street, city, state, ZIP code): County: Williamson				
Have you had any other residences address, city and county, and ZIP co	in Texas in the past to ode — use an addition	wo years? Yes all sheet if needed):	No If "yes," list them below (stre	eet
Have you lived outside Texas in the past 2 years? ☐ Yes ☑ No	Driver license,	state, and number:	Social Security num	ber:
ternate ID #: Type of alternate ID: Canadian SIN Military ID Passport Permanent residency card State photo ID				
Home telephone: NA	Mobile telephone:		Email address:	
Gender: □ Male ☑ Female	Race (check all ap Asian American India Native Hawaiia Black White Unable to dete	an/Alaskan Natíve n/Pacific Islander	Ethnicity: Hispanic Not Hispanic Unable to determine	
Organization represented (if applicable): Williamson County Children's Advocacy Center Williamson County Children's Advocacy Center Who referred you to DFPS? Kim Gibbons			to DFPS?	
Why do you want to volunteer for DF		, , , , , , , , , , , , , , , , , , , ,		
worked at DFPS for many years and still h	nave a passion for the wo	ork. I have been lookin	g for a board to join that would complim	nent n
Applicable skills:		T. T. ALLEY		
Organized, hardworking, team oriented				ĺ
Type of volunteer services preferred: Child Welfare Board		111.00		
Are you willing to receive training for	another assignment?	Yes No		



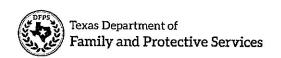
EDUCATION (CHECK HIGHEST LEVEL COMPLETED)					
☐ Elementary school ☐ Middle school ☐ High school ☐ Vocational training					
Some college Graduate school					
	✓ Undergraduate			Date of graduate	
University: University of Texas at Austin		dearee:	Date of undergraduate degree:		
	ADDITIONAL	LANGUAGES			
Language	Speak	Read		Write	
NA	Fair	Fair	Fair		
	Good	Good	Good Excellen	·t	
	Excellent	Excellent Fair	Fair	L	
	Fair Good	Good	Good		
	Excellent	Excellent	Excellen	it	
American Sign Language:	Fair Good Excellent			70000	
Section 1	PREVIOUS VOLUN	TEER EXPERIENCE			
Organization		Position		Responsibilities	
MomsNEXT Georgetown		Table Lea	Table Leader		
MOPS Georgetown		Community S	Community Service		
	WAS MARKET TO THE TOTAL OF THE		urawr		
		IE(E) AVAILABAE			
	DATE(S) AND TIM				
Days per week:1-2 days		Hours per week:2 ho	ours		
Comments:					
1					
1					
	AND THE PROPERTY OF THE PROPER				



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.

7/21/23	in this document.	
X XXIIII Vene	Electronic signature of volunteer:	



CHECKLIST FOR VOLU	NIEER COORDINATORS				
For all volunteers:					
☐ Complete volunteer application form and enter inform	ation in tracking system.				
Check personal references using telephone or mail ref					
Review Volunteer and Community Engagement Policy Handbook, sections 4000–8000.					
\square Select job placement with volunteer. If appropriate, $lpha$	omplete background check.				
Complete Transportation Form 250c (if transporting o	r performing essential driving duties as an official part				
volunteer duty description).					
Review duties with volunteer.	1				
Review DFPS Volunteer Guidebook and Work Rules an					
Review and sign Confidentiality Agreement (Form 251 Arrange on-the-job and formal training, when appropri					
Instruct volunteers to send you hours worked at the e					
management site, VOMO.	and of each month and enter them into the volunteer				
For volunteers with direct client contact or access:					
Conduct criminal history and Central Registry check.					
Instruct volunteer to complete online direct-service tra	inings and sign Form 0249. The training and forms can be				
found at https://www.dfps.state.tx.us/Community/Volunt					
For volunteer transporters and essentials drivers: Check auto insurance, valid driver license, and driving record, in accordance with Sec. 8600 of VCE Handbook.					
If the volunteer or intern will have access to any criminal history information, request fingerprinting for an FBI					
check.					
For volunteers selected for computer access (see se	ction 5800 of VCE Handbook):				
Conduct criminal history and Central Registry check.					
If the volunteer or intern will have access to any criminal history information, request fingerprinting for an FBI check.					
Completed Non-DFPS Staff Computer Security Agreement (Form 4047).					
Schedule volunteer for appropriate computer training.					
Complete Move/Add/Change (eMac),					
SUPERVISOR OR VOLUNTEER (COORDINATOR INFORMATION				
Supervisor name:	Unit/Location:				
Volunteer coordinator name:	Unit/Location:				
Total cool and to hame.	Office Location.				