

**Requirements to Volunteer with CPS  
To Supervise Visits or Transport Children**

*To volunteer with CPS to supervise visits between children and their parents or to transport children to and from appointments or activities, complete the following four steps:*

**1. Complete or provide necessary documentation**

For individuals wishing to volunteer to supervise visits between parents and children:

1. Complete a Volunteer Application, Form 0250a
2. Complete a Background Check Authorization, Form 0250b
3. Sign a Volunteer Confidentiality Statement, Form 251
4. Sign a Work Rules Agreement, Form 0261
5. Provide a copy of your driver's license or other picture ID
6. Provide proof of a TB test within the last 12 months

For individuals wishing to volunteer to transport children:

*Complete the 6 steps above (for Step 5, provide a copy of your driver's license) and then*

7. Complete the Volunteer Transportation Agreement, Form 0250c
8. Provide proof of insurance
9. Provide an updated and original copy of your driving record for the past 5 years

**2. E-mail the Background Check Authorization, Form 0250b, to**

Ms Rolonda Whitney at [Rolonda.Whitney@dfps.state.tx.us](mailto:Rolonda.Whitney@dfps.state.tx.us). In your e-mail, state whether you are volunteering to supervise visits, transport children, or both and, if you are a member of a civic or faith-based organization seeking to volunteer a number of individuals, the name of the organization.

**3. Mail all other documents to**

Ms Rolonda Whitney, DFPS Community Initiative Specialist  
801 Austin Ave. 10<sup>th</sup> Floor, Suite 1010  
Waco, TX 76701

**4. Attend a 2.5 hour training (this time includes questions and answers)**

For civic and faith-based organizations, CPS will come to you, if at least 5-6 people are in attendance.

**For other CPS volunteer opportunities in the Austin area,  
Contact Ms Whitney by mail or e-mail or visit this website:**

<http://app.volunteer2.com/Public/Organization/35C735CE-0C47-4B5A-8895-59765C530A85/>



# Volunteer Application

0250a

Page 1

Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected, by contacting the person or unit to whom you submitted this form."

Name (Last, First, Middle)	Preferred Name	Date of Birth	Home Telephone
Address (Street, City, State, ZIP Code)			County
Other Names Used/Known By (list any other names (aliases) you have used, such as maiden name, previous married name, etc):	Organization Represented (if applicable):		Who referred you to DFPS?

Why do you want to volunteer for DFPS?

---

What location are you interested in? (Specific office, city, etc.)

---

Applicable skills:

---

Type of volunteer service preferred: \_\_\_\_\_

Are you willing to receive training for another assignment?  Yes  No

Are you a student Intern?  Yes  No

If yes what University?

---

If Yes how many hours are you required obtain?

**E-mail address:** \_\_\_\_\_

### Education (Check highest level completed):

<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational or Technical Training	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Interns: <input type="checkbox"/>	<input type="checkbox"/> undergraduate	<input type="checkbox"/> graduate	<input type="checkbox"/>	<input type="checkbox"/> post graduate	
University	Date of undergraduate degree		Date of graduate degree		

### Additional Languages (list):

	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
American Sign Language	<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

### Previous volunteer experience:

Organization:	Position:	Responsibilities:
_____	_____	_____
_____	_____	_____

# Volunteer Application

0250a  
Page 2

## Date(s) and time(s) available:

Days per week:  
Hours per week:  
Comments:

## Are you presently employed?

Yes  No

if yes, where? \_\_\_\_\_

Work Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Prior employment:

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## Can you provide transportation for others?

Yes  No

If yes, please complete Transportation Form 250c

## Please list three (3) personal references (excluding relatives):

Name:	Address:	E-Mail address	Telephone #:

## Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge.  
I agree to conform with the Texas Department of Family and Protective Services rules and regulations to the best of my ability.  
I agree to respect the confidential nature of case information and any personal contact with clients.  
I agree to inform the department if I am named in complaints or indictments or convicted of offenses.  
I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## In case of emergency, please notify:

Name	Relationship	Telephone #
Address		



# BACKGROUND CHECK AUTHORIZATION

0250b Page 1

This form should be attached to Part I, Volunteer Application, Form 0250a.

**NOTE: Failure to complete each field could delay or prevent the return of your volunteer's background check results.**

<b>PLEASE PRINT:</b> First Name		Middle Name	Last Name	# of yrs as TX resident	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address			City	County	State Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender : Male – Female	SSN	DL Number/State	
List all other Texas residences in the past 5 years (street address and city - continue on back as needed). If no other addresses, please note.					
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or, none of the above)			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		

## Volunteer Agreement

I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks and authorize the department to conduct these checks.

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

### Return Results to (FOR DFPS USE ONLY):

Full Name	<b>254/750-9308</b>	MAIL CODE
<b>Rolonda Whitney</b>		<b>942-1</b>
Program (APS, CPS, CCL), Unit and Location		
<b>CPS</b>		
Check box to indicate applicant's involvement:		
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> INTERN (non-paid)	<input type="checkbox"/> PCG <input type="checkbox"/> BOARDMBR

## VOLUNTEER CONFIDENTIALITY STATEMENT

Form 251

I, \_\_\_\_\_, am a volunteer for the Texas Department of Family and Protective Services.

### I UNDERSTAND:

- The information provided by DFPS is confidential by law;
- The information provided by DFPS may not be used for any purpose other than the purpose for which I am volunteering; and
- Any information, including client identities and case details, obtained while I am volunteering with DFPS must not be discussed or disclosed to any person, other than current DFPS employees and volunteers, and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of this confidential information may be considered a violation of law subject to a criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code.

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if the volunteer is a minor)

\_\_\_\_\_  
Date

**Texas Department of Family and Protective Services**

Form 0261

**VOLUNTEER PROGRAM  
WORK RULES, STANDARDS OF BEHAVIOR AND PERFORMANCE**

The mission of FPS is enhanced by the contribution of volunteers. The agency is grateful to volunteers for their time and commitment. FPS requests that volunteers adhere to FPS rules and standards for volunteers as set out below.

**Attendance Standards**

1. The tasks you perform are highly valuable. We depend on you. Please observe scheduled volunteer time agreed upon by you and your supervisor, including scheduled coffee and lunch breaks if applicable.
2. If you are unable to report for your scheduled volunteer time, notify your supervisor as soon as possible.

**Work Standards**

3. Maintain conduct in accordance with the proper performance of duties, operations of the office, and goals and objectives of the department and personal conduct standards.
4. Maintain a helpful attitude toward other volunteers, employees, supervisors, clients and the general public.
5. Follow instructions issued by the supervisor related to job performance, and exercise care in performing assignments by maintaining department standards, and personal conduct standards.
6. Please refrain from excessive personal use of the telephone, personal conversations, selling products or services to volunteers or employees, or other distracting behavior.
7. All department case records, information, and names of clients are confidential. *The Volunteer Confidentiality Agreement must be signed prior to beginning placement.*
8. You must not falsify any documents or make false statements related to your FPS volunteer duties.

**Personal Conduct Standards**

9. Exhibit courtesy and respect in your interactions with clients, peers, FPS staff, vendors, contractors and others in the course of your job. Verbal or physical abuse, and/or discrimination against a client, a member of the community, or another FPS employee or volunteer are not acceptable.

10. Knowledge gained through volunteer service may not be used for personal profit, profit for friends or family, to obtain a child for adoption, or for any other personal gain or benefit. Compensation, gifts, or promises, which
11. could influence the performance of duties may not be accepted. Services or favors to other employees, applicants, clients, or other persons may not be granted.
12. Avoid even the appearance of favoritism, prejudice, undue influence or impropriety. If you work closely with law enforcement and other community agencies and/or testify in court as a representative of this agency, make certain that your conduct maintains your credibility in the community as a potential witness.
13. Harassment or retaliation of any kind is not tolerated. Observe all agency non-discrimination policies.
14. Protect State information and property. You may not destroy, falsify, remove, steal, conceal or otherwise misuse any State information or property. You may not use long-distance telephone services; FPS information and communication services; FPS computer systems or other FPS equipment for personal use, except as specifically permitted in FPS on-line handbooks. You may not list your FPS telephone number for personal or business advertising.
15. You may not participate in political activity while on duty, or attempt to influence any FPS activity for political purposes.
16. You may not use alcohol or illegal drugs while on duty; bring alcoholic beverages or illegal drugs onto State-owned or leased property, including buildings or vehicles; or possess, manufacture, distribute, dispense, or use alcoholic beverages or illegal drugs on or in State-owned or leased property, including buildings and vehicles.
17. You may not be under the influence of alcohol or drugs while on duty. You may not be under the influence of any illegal substances while on duty, and you may not be under the influence of any substance, whether or not it is legal, that substantially impairs your ability to perform your duties.
18. You may not have firearms or other dangerous weapons at the workplace, including your private vehicle when parked at the workplace, or during the performance of your duties. You may not engage in any activities that endanger your peer, staff, clients, or the community. You must not make any threats or threaten violence to your peer, staff, clients and providers, even jokingly. You may not compromise the safety of your peers, staff, the general public, or the workplace.
19. Conviction of, or admission of guilt for a misdemeanor or felony that prohibits employment in your position, will result in termination of your placement.
20. Dress appropriately and professionally in accordance with your placement, and exercise good judgment and care in personal grooming. Refer to FPS Dress Codes for guidance. *The Regional Dress Code policy must also be provided and signed in addition to this form.*
21. All FPS offices are non-smoking.

22. Department rules, regulations, and policies, including those stated in FPS personnel and volunteer management handbooks must be honored. Other regulations may be applied through executive letters.

Ask your supervisor's advice or call Human Resources if you are uncomfortable with a situation or when you have questions about any issue related to work ethics.

**Privacy in the Workplace**

FPS maintains legal authority to inspect computer files, paper files, electronic mail; and voice mail systems. Additionally, authorized FPS staff may inspect volunteer and employee workspaces, including desks. The Department may also monitor telephone calls. FPS employees must be aware that, as State volunteers or employees, there is no expectation of privacy in the workplace.

Supervisors may issue additional, reasonable work rules, if such are required.

I acknowledge that I have read and will observe the above standards and regulations.

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_

Date

**VOLUNTEER TRANSPORTATION/  
ESSENTIAL DRIVING DUTIES FORM**

Are you willing to provide transportation for others?  Yes  No

Are you willing to use your personal vehicle for other essential driving duties?  Yes  No

Does your vehicle have:

- Required Insurance
- Inspection Sticker
- Current Registration
- Seat Belts/Child Safety Seats as required by law.

Driver's license: State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you had any moving/traffic violations in the past five years?  Yes  No

If so, please explain:

---

---

---

---

---

I affirm that the information I have provided above is true and correct.

I authorize the Texas Department of Family and Protective Services to obtain my 3-year driving record history from the Texas Department of Public Safety. I will provide my driver's license and proof of insurance to my supervisor on an annual basis.

During the time that I am volunteering with the DFPS, I also agree to report the following to my supervisor:

- Any suspension, cancellation, or revocation of my driver's license within five working days
- Any new traffic/moving violations
- Cancellation of my automobile insurance for the vehicle being used for DFPS purposes

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date