



Volunteer and Community Engagement
Volunteer/Intern Application

Form 8653
 February 2012

Thank you for your interest in volunteering with the Texas Department of Aging and Disability Services (DADS).

Basic Volunteer Information

Individual Volunteer **Volunteer Group** **Intern**

| | | | | | |
|---|--|----------------------------------|---------------|--|----------------------------|
| Name (Last, First, MI) | | Home Area Code and Telephone No. | | Work Area Code and Telephone No. | |
| List all names you have ever used: | | | | Cellular Area Code and Telephone No. | |
| <input type="checkbox"/> I affirm that every name I have ever used is listed above. | | | | | |
| Address | | | City | County | State ZIP |
| Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Email Address | | |
| Employer | | | | | |
| <i>If you are a current DADS employee:</i> | | | | | |
| Current Work Site | | Current Assignment | | Supervisor's Name | Supervisor's Telephone No. |
| I'm volunteering as: <input type="checkbox"/> An individual <input type="checkbox"/> A group Type of Group: <input type="checkbox"/> Corporate <input type="checkbox"/> Faith-Based <input type="checkbox"/> Family <input type="checkbox"/> Civic <input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Youth Organization | | | | | |
| Name of Group | | | | Number of members in my group: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> More than 40 | |
| Will you be hosting: <input type="checkbox"/> A one-time visit <input type="checkbox"/> Multiple visits | | | | | |
| How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Organization <input type="checkbox"/> Publication <input type="checkbox"/> Website (Name of Website) _____ <input type="checkbox"/> Other _____ | | | | | |

Volunteer Interest/Background

| | |
|--|--|
| I would like to volunteer at: <input type="checkbox"/> DADS Headquarters <input type="checkbox"/> Don't Know – Please Call Me <input type="checkbox"/> State Supported Living Center (select state supported living center below) <input type="checkbox"/> Community Services <input type="checkbox"/> Nursing Home and Assisted Living Facility | |
| Please select the state supported living center where you would like to volunteer. | |
| <input type="checkbox"/> Abilene State Supported Living Center <input type="checkbox"/> Brenham State Supported Living Center <input type="checkbox"/> Denton State Supported Living Center <input type="checkbox"/> Lubbock State Supported Living Center <input type="checkbox"/> Mexia State Supported Living Center <input type="checkbox"/> San Angelo State Supported Living Center | <input type="checkbox"/> Austin State Supported Living Center <input type="checkbox"/> Corpus Christi State Supported Living Center <input type="checkbox"/> El Paso State Supported Living Center <input type="checkbox"/> Lufkin State Supported Living Center <input type="checkbox"/> Richmond State Supported Living Center <input type="checkbox"/> San Antonio State Supported Living Center |

Nursing Home and Assisted Living Volunteers, Stop Here.

If you are volunteering at a state supported living center or Community Services field office, please continue below.

| | |
|--|--|
| Have you ever volunteered before? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bilingual? If yes, what languages? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Skills/interests you would like to use: | |
| Date Available to Start | Check Days Desired to Volunteer <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM |

Volunteer Placement

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| Assignment Preference | | | |
| <input type="checkbox"/> Contact with DADS Clients | <input type="checkbox"/> Office Work | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Other: | | | |
| Are you receiving class credits for this volunteer assignment? | | Name of School | Teacher/Professor Name |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Internship in what field of study: | | | |
| Have you been convicted of any type of criminal offense? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you been designated in the Nurse Aide Registry or Employee Misconduct Registry as having abused, neglected or exploited a resident or consumer? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Judicial Court Assignment | Which Court? | Number of Hours Required by Court | Deadline |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Probation Officer's Name | | | Area Code and Telephone No. |

Emergency Contact

| | | | |
|------|--------------|-------------------|-----------------------|
| Name | Relationship | Day Telephone No. | Evening Telephone No. |
| | | | |

Confidentiality Statement

I agree to respect the confidential nature of all personal contact with individuals served by DADS and adhere to all laws, rules, policies and procedures pertaining to confidentiality regarding all records, files and identifying information of individuals, former or potential, with whom I come into contact as a volunteer. I understand violation of this confidentiality requirement can result in immediate dismissal from my volunteer assignment.

Affirmation

By my signature, I adhere to all departmental rules, policies and procedures pertaining to my volunteer placement. Access to a copy of the Volunteer Procedure Manual will be provided to me during orientation. I understand that I must complete all required orientation and placement-specific training outlined by the Volunteer Assignment Description. I affirm that the information on this application is accurate to the best of my knowledge.

Signature

Date

Notes/Accommodations:

Community Services Field Office Volunteers, Stop Here.

Additional Information Needed for ICF/ID (State Supported Living Center) Volunteers Only:

Providing Transportation for Residents

Are you willing to transport residents/others? Yes No
An examination of your driving history record will be made before you are allowed to transport residents/others and DADS will determine whether you are allowed to do so. Proof of current minimum liability coverage required by the State of Texas, a certificate for a defensive driving course taken within the past three years and a copy of the current Texas driver license must be provided.

Security Statement

Are you currently employed or have you ever been employed at DADS, a state hospital, community center or legacy TDMHMR ICF/ID (state supported living center)? Yes No

DADS conducts a criminal background check, a Nurse Aide Registry check and an Employee Misconduct Registry check on each volunteer applicant. DADS is required to conduct fingerprint criminal history background checks on volunteers who will have direct contact with residents.

If your criminal history record indicates that you have been convicted of any criminal offense or granted deferred adjudication or other type of pretrial diversion that would cause DADS to deny placement, the placement will not be made.

With a few exceptions, you have the right to request and be informed about the information that the DADS obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004.)

Signature

Date