



THE TOWN OF FLOWER MOUND
2121 Cross Timbers Road
Flower Mound, Texas 75028
TEL: (972) 874-6011

VOLUNTEER APPLICATION
(please print legibly)

Department Applying For Or Type of Work: _____

Date available to start volunteer work: _____

Days available to volunteer: Mon. hours _____ Tues. hours _____ Wed. hours _____
 Thurs. hours _____ Fri. hours _____ Sat. hours _____

Are you applying in order to complete a Court Mandated Community Service? Yes No
If yes, please explain and list your assigned officer's name and phone number: _____

PERSONAL INFORMATION:

Name: _____
(Please Print) Last First Middle

Address: _____
Number & Street City State Zip Code

Work No. () _____ Home No. () _____ Cell/Pager No. () _____

E-mail Address: _____

Please list any additional training, technical skills or professional knowledge that may be relevant to this volunteer program: _____

Computer Skills: Windows MS Word Excel Access PowerPoint
Other _____

Machines or Equipment Operated: _____

Describe any specialized training, apprenticeships, skills, or other qualifications that may be helpful in considering your application for this volunteer program: _____

Indicate any foreign languages you can speak, read, and/or write: _____

EMPLOYMENT HISTORY:

Employer	Dates Worked	Job Title	Duties

Have you been fired or asked to resign from any job(s) or volunteer work? Yes No If yes, please explain:

List three (3) references of persons who have knowledge of your experience, skills, and qualifications:

Full Name	Telephone Number	Dates Known

APPLICANT STATEMENT:

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. Any falsifications, misrepresentations, or omissions of fact in this application may be cause for my dismissal, regardless of the time that elapses before such false information is discovered. I understand that consideration for this position is contingent upon the result of a reference and background check.

Signature of Applicant

Date Signed

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, military record, reputation, financial or credit status, or criminal history to furnish the Town of Flower Mound and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment or volunteer work. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Town of Flower Mound and/or its representatives. I also hereby release from liability and hold harmless the Town of Flower Mound, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

Applicant's Printed Name: _____
Last
First
Middle

Applicant's Signature: _____ Date: _____

PARENT OR GUARDIAN SIGNATURE: _____
 (If applicant is under age 18)

- For Human Resources Use Only -

To be completed by Human Resources Upon Contingent Offer to Applicant/Volunteer (FOR BACKGROUND CHECK ONLY):

Applicant/Volunteer's Date of Birth: _____

Applicant/Volunteer's Texas Driver's License #: _____

Applicant/Volunteer's Maiden or Alternate Name(s): _____

The Town of Flower Mound is an Equal Opportunity Employer. It is our policy not to discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status in activities, services, or employment practices.

Background Information
An Equal Opportunity Employer

This page will be detached from your application upon receipt and will be kept on file for background investigation purposes. This information will not be used for making interviewing decisions. Please print in ink or type all information. Failure to answer all questions fully and accurately may result in loss of volunteer opportunities.

Name: _____
Last *First* *Middle* *(Former Last*
Name/Maiden Name)

Social Security No. _____ Birth date: _____

Drivers License No. _____ State: _____ Expiration Date: _____
 Type of License Held:
 A-CDL
 B-CDL
 Class C

	Yes	No
Are you 15 years of age or older?		
Have you ever been employed by or volunteered for the Town of Flower Mound? If yes, please provide the position title(s) you held and your dates of employment/volunteerism below.		
Do you have relatives working for the Town of Flower Mound or serving on the Town Council? If yes, please provide their name(s) and relationship to you below.		
Have you ever been convicted of a crime other than a Class C traffic offense? If yes, please provide the charge, date and location of the incidents below.		
Failure to answer the above questions truthfully may result in a loss of volunteer opportunity. Traffic violations or other convictions will not necessarily disqualify you from volunteering. Your information will be reviewed in relationship to the requirements of the job for which you are applying.		
Remarks:		

CONFIDENTIALITY STATEMENT

During my volunteer term, I understand that I may be in contact with confidential materials. All such information is to be kept strictly confidential. This information should be shared only with the staff involved in the transaction. In the event of my leaving the Town of Flower Mound, all confidential material or sensitive information gained through my service must not be released, but kept confidential.

I have read, understand, and will adhere to the Town of Flower Mound's confidentiality policy.

Printed Name

Signature

Date Signed