

Flower Mound Public Library  
Student Volunteer Application

(Please print)

Today's date \_\_\_\_\_

Date available to start work \_\_\_\_\_

Days available to volunteer:

Mon. hours \_\_\_\_\_  Tue. hours \_\_\_\_\_  Wed. hours \_\_\_\_\_

Thurs. hours \_\_\_\_\_  Fri. hours \_\_\_\_\_

Sat. hours \_\_\_\_\_  Sun. hours \_\_\_\_\_

Hours open:

Monday – Wednesday, 9 a.m. to 9 p.m.

Thursday, 9 a.m. to 5 p.m.

Friday and Saturday 11 a.m. to 5 p.m.

Sunday, 1 p.m. to 5 p.m.

Assignment:  Short Term  On-going

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

School attending \_\_\_\_\_

Activity \_\_\_\_\_

Activity Sponsor/Teacher \_\_\_\_\_

Sponsor's Email or Phone # \_\_\_\_\_

Are you a member of, or applying to an Honor Society?

Yes  No

What year of school are you in?  Freshman /  Sophomore  
 Junior /  Senior /  College/University

Do you have previous library skills/experience that may be helpful in considering you for this volunteer program?

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

Name \_\_\_\_\_ tel. \_\_\_\_\_

Name \_\_\_\_\_ tel. \_\_\_\_\_

Name \_\_\_\_\_ tel. \_\_\_\_\_

**By signing this form I understand the duties and responsibilities of a Flower Mound Library Volunteer.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Volunteer Coordinator contact:  
[tanya.underwood@flower-mound.com](mailto:tanya.underwood@flower-mound.com)



**TOWN OF FLOWER MOUND**

**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. 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.

I hereby authorize the Town of Flower Mound and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Town of Flower Mound all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Town of Flower Mound for the sole purpose of employment-related matters.

I hereby authorize the Town of Flower Mound and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures shall be maintained and that the testing shall be conducted by a NIDA Certified laboratory. I hereby authorize the release to the Town of Flower Mound all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the Town of Flower Mound for the sole purpose of employment-related matters.

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State/Zip

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
(If applicant is under age 18)

***An Equal Opportunity Employer***

