



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: _____ Social Security Number # _____ - _____ - _____
(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: _____

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:		

TOWN OF FLOWER MOUND

AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION AND DRUG TESTS

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

Applicant's Signature _____ Date _____

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

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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

COMMUNITY SERVICE AGREEMENT

(Only complete this form if you are required by a Court of Law to conduct community service.)

In consideration of my serving Community Service with the Town of Flower Mound (herein referred to as Town), I do hereby, for myself, my children, my parents, my heirs, executors and assigns, indemnify, hold harmless and defend the Town and the officials, officers, agents and employees of the Town from any liability for any harm, injury or damage which I, or my minor children, may suffer while serving community services. This includes all risks that are connected with this activity whether foreseen or unforeseen.

I agree to hold the Town and its agents, officials and employees harmless from any damage to persons or property, resulting from my negligence and/or intentional acts.

I assume the responsibility of mental and physical fitness while performing community services, and agree to abide by all rules and requirements of the VIP program.

I am of lawful age and legally competent to sign this Agreement for and in behalf of the participant. I understand the terms and have signed this Agreement as my own free act.

I have fully informed myself of the contents of this release by reading it before I signed it. I realize that by signing this document I am giving up legal rights to which I may be entitled.

Executed by:

(printed name)

(signature)

Parent or Guardian, if minor:

(printed name)

(signature)

Social Security Number of Volunteer: _____

Date signed: _____

TOWN OF FLOWER MOUND

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The commitment of the Town of Flower Mound to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions. Your completion of this page is optional; refusing to provide this information will not affect the evaluation of your application. Your cooperation in this effort would, however, be greatly appreciated.

PLEASE PRINT OR TYPE:

Position Applying For: _____ Date: _____ Job #: _____
(Position Title Stated on Job Announcement)

Date of Birth: _____ Male Female

Race/National Origin:

- Caucasian/White
- Black/Non Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Other _____

Education Level: Circle Highest Grade Completed:

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

How did you find out about this vacancy?

- Professional Organization
- Town of Flower Mound Job Line
- Newspaper _____
- Walk-In
- Friend or Relative
- Internet
- Town Employee
- College, School
- Other _____