|  |  |
| --- | --- |
| NAME:       | PREFERRED FIRST NAME:       |
| STREET ADDRESS:       |
| MAILING ADDRESS:       |
| CITY: STATE: ZIP CODE:                  |
| HOME PHONE: (     )       |
| WORK PHONE: (     )       |
| CELL PHONE: (     )       |
| EMAIL ADDRESS:       |
| **IN CASE OF EMERGENCY** |
| CONTACT NAME:       |
| CONTACT RELATIONSHIP:       |
| CONTACT PHONE NUMBER(S):       |
| STREET ADDRESS:       |
| CITY: STATE: ZIP CODE:                  |

**University of Louisiana at Monroe**

**VOLUNTEER PERSONAL DATA FORM**

|  |
| --- |
| Have you ever volunteered for ULM?Yes [ ]  No [ ]  |
| If yes, indicate dates of volunteer service, department, and position:      |

|  |
| --- |
| Need to drive a vehicle on university business?Yes [ ]  No [ ] If “yes”, please see Environmental Health and Safety Officer |
| Are you a student, staff or faculty memberYes [ ]  No [ ]  |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_