|  |  |
| --- | --- |
| 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**

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| --- |
| 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 member  Yes  No |

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