Oklahoma City University

VOLUNTEER INFORMATION SHEET

NAME

(Last)	*(First)*	*(Middle)*	
Social Security #	**Job Title**	**Department**	**Supervisor's Name**
Address	**City**	**State**	**Zip**
	☐ Female ☐ Male	☐ Caucasian ☐ Asian/Pacific Islander ☐ Hispanic ☐ Black ☐ American Indian ☐ Other _____	
Birthday	**Gender**	**Ethnic Background**	
Home Phone:	**Cell Phone:**	**Business E-Mail:**	**Personal E-Mail:**	**Campus Ext.:**

Highest Level of Education Obtained: ☐ High School

☐ Business or Technical School _____

☐ Undergraduate College(s) or University (s) _____

☐ Graduate College(s) or University (s) _____

Type of Degree (s) Earned _____

State any special Licenses or Certifications held-:

_____

_____

Please check *(if applicable)*: ☐ Single ☐ Married ☐ Divorced ☐ Widowed NUMBER OF DEPENDENTS ☐

Please check *(if applicable)*: ☐Handicapped ☐Veteran ☐Disabled Veteran ☐Vietnam Veteran ☐Disabled Vietnam Veteran

EMERGENCY CONTACT: _____

Name ***(Relationship)***

_____

Address (City, State, Zip)

_____

Home Phone: ***Cell Phone:*** *Email:*

PHYSICIAN NAME:	**PHYSICIAN PHONE:**

Can your home telephone number and address be given to:

Fellow employees: ☐ Yes ☐ No *Students:* ☐ Yes ☐ No *Outside Callers:* ☐ Yes ☐ No

Special Instructions or Remarks: _____

_____

_____

Check One: ☐ **Staff** ☐ **Full-Time Faculty** ☐ **Adjunct Faculty** ☐ **Student** ☐ **Term** ☐ **Volunteer**

Signature:	**Today's Date:**