

## Davis & Elkins College VOLUNTEER REGISTRATION FORM

This portion of the form to be filled out by the Volunteer:

<b>Social Security No.:</b> _____	<b>Last Name:</b> _____
<b>First Name:</b> _____	<b>Middle Name:</b> _____
<b>Preferred First Name:</b> _____	<b>Date of Birth:</b> _____
<b>Gender:</b> <input type="radio"/> Female <input type="radio"/> Male	

Permanent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Do you have health insurance? Yes \_\_\_ No \_\_\_  
 If yes, please provide the following optional information.

Medical Insurance Carrier (optional): \_\_\_\_\_

<b>EMERGENCY CONTACT INFORMATION:</b>	
Contact	
Last Name: _____	First: _____
Middle: _____	
Relationship: _____	
Address	
Street: _____	City: _____ State: _____
Zip: _____	
Phone: ( _____ ) _____	- Ext: _____

I have carefully read the Davis & Elkins College Volunteer Policy and information above and understand their contents. The above information provided by me is accurate.

\_\_\_\_\_  
 Volunteer's Signature Date

This portion of the form is to be filled out by the Department Supervisor:

Department Head	Title	Email Address
Unit	Telephone Number	Begin and End Dates

**Description of Volunteer Duties:**

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**Department Head Signature**

**Date**

Please submit this form to Human Resources.