



VOLUNTEER DATA SHEET

Please provide the following information. Items in **Red** are required for entry into our system.

| | | |
|---|---------------------------------|---|
| Last (Family) Name: | First (Given) Name: | Middle Initial: |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Date: (mm/dd/yyyy) | Email Address*: |
| Telephone (must have at least one phone number): Home/Mobile: _____ Work: _____ | | |
| Have you ever been at Caltech before? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If Yes, provide Caltech ID number: |
| Are you currently enrolled in a degree program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If Yes, provide school name: |
| Local Residence - Street Address: | | |
| City: | State: | Postal Code: |

Primary Emergency Contact:

| | | | |
|--|-------------------|-------------|---|
| First Name: | Last Name: | M I: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other | | | |
| Emergency Contact Telephone (must have at least one phone number): Home/Mobile: _____ Work: _____ | | | |

Caltech Volunteer Activity:

| | | | |
|---|--------------------------|-------------------------------------|---------------------------------------|
| Start Date: | End Date: | Organization Name: | Volunteer Hrs/Wk: |
| Description of Volunteer Activity: | | | |
| Campus Telephone Number: | Campus Mail Code: | Campus Bldg & Rm Number: | |
| Caltech Contact/Sponsor Name: | | | Caltech Contact/Sponsor Phone: |
| Caltech Contact/Sponsor Email: | | | |

* Will you need a Caltech ID? Yes No

If you answered "Yes", please be sure you have provided your email address.