



## Volunteer Data Information Sheet

Name: \_\_\_\_\_

Name Preferred (Nickname): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Brief Description of Volunteer Services:

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LCC Contact/Supervisor: \_\_\_\_\_  
(please print)

Position Title of LCC Contact: \_\_\_\_\_

Phone Number for LCC Contact: \_\_\_\_\_

Approval of Dean or VP \_\_\_\_\_  
(signature) (date)

The following forms are required for all volunteers:

- Background Check Release
- Volunteer Data Information Sheet
- Release of Liability
- ID Form (approved by Dean)