



City of Clovis Volunteer Information

The following information is requested from Personnel/Risk Management to establish correct information for personnel and payroll records.

Please Print Clearly

Social Security Number: _____

Name: _____
First Middle Initial Last

Nickname: _____
Name you prefer to be called

Home Address: _____

City State Zip Code

Phone Numbers: _____
Home Cell Pager Work

Mailing Address: _____
(if different from home address)

City State Zip Code

Emergency Contact #1:	Name: _____	Relationship: _____
	Phone #1: _____	Work/Home/Pager/Cell: <i>(Circle one)</i>
	Phone #2: _____	Work/Home/Pager/Cell: <i>(Circle one)</i>
Emergency Contact #2:	Name: _____	Relationship: _____
	Phone #1: _____	Work/Home/Pager/Cell: <i>(Circle one)</i>
	Phone #2: _____	Work/Home/Pager/Cell: <i>(Circle one)</i>

Gender: Female Male

Ethnicity: Hispanic or Latino White Black or African American Asian
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native
 Two or More Races

Driver's License Number: _____ State: _____ Expiration Date: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Current Marital Status: Married Single

Spouse's Name: _____
First Middle Initial Last