



Courtesy/Affiliate Personal Data Form

Dr. Miss Mr. Ms. Other _____

Volunteer Name: _____ **SSN:** _____

Address: _____

City: _____ **Phone Number:** _____

State/Province: _____ **Birthdate:** _____

Zip/Postal Code: _____ **Gender:** _____ **Preferred Name:** _____

Marital Status: _____ **E-mail Address:** _____

Ethnicity: (select only one)

Hispanic or Latino Not Hispanic or Latino

Race: (if applicable, select one or more)

American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White

Citizenship: US Resident Alien Non-Resident Alien

Emergency Contact:

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

State/Province: _____ **Zip/Postal Code:** _____ **Phone Number:** _____

University Relationship: (check all that apply)

Courtesy Faculty
 Courtesy Researcher
 Community Affiliate

Signature: _____ **Date:** _____