

Confidential Information Form for Volunteers and Contracted Workers

The Confidential Employee Information Form should be completed by college volunteers upon agreement of a volunteer arrangement. This form is <u>required</u>; access to college facilities and resources will not be granted until this form is completed.

| | Please provide the following details of this assignment. | | | |
|---------------------------|---|----------------|--|---------------------------------|
| Volunteer Details | Department assigned to: | | | |
| | Faculty or staff member responsible for supervising this volunteer role: Each volunteer must report to a current Bates faculty or staff member. | | | |
| Volui | Volunteer role/title: | | | |
| | Begin date of assignment (required): End date of assignment (required): | | | |
| Access | This volunteer needs: Access to a specific building, please indicate building: Bates email Athletic facility access Library access Additional information: | | | |
| Volunteer Information | Last Name: | First Name: | MI: | Preferred 1 st Name: |
| | Mailing Address: | | Street/Physical Address (if different from mailing address): | |
| | Home Phone: | Date of Birth: | Gender: Female | Male |
| | Social Security Number: | , , | Email address (require | d for background screening): |
| | Citizenship (please check one): U.S. Citizen (Y) Permanent Resident (P) Non-Citizen/Non-Resident Alien (N) Dual Citizenship (D) | | | |
| Emergency Contact Info | Person to contact in the event of an emergency: | | Emergency contact's relationship to you: | |
| | Emergency contact's physical address: | | Day phone: | |
| | | | Evening phone: | |
| Signatures | Volunteer Signature: | | Signature Date: | |
| | Department director or dean/vice president signature: | | Signature Date: | |