

VOLUNTEER

FINGERPRINTING / PERSONAL IDENTITY (PIV) ID CARD INFORMATION

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH (MM/DD/YY) _____

SOCIAL SECURITY NUMBER _____

EMAIL: _____

SEX _____ RACE _____ HT _____ WT _____ EYES _____
HAIR _____

RESIDENCE: _____

Phone: _____ Cell: _____

PLACE OF BIRTH (City and State) _____

EMERGENCY CONTACT PERSON & NUMBER: _____

MOTHER'S MAIDEN NAME: _____

----- Office Use Only -----

POSITION TO WHICH APPOINTED _____

ID CARD CHECKED _____

US ACCESS SPONSOR _____ LABS SCHEDULED _____

FINGERPRINT DATE _____

VISTA EMAIL to OCC. HEALTH _____

INFORMATION PROVIDED ON THIS FORM IS FOR OFFICIAL USE ONLY AND WILL BE PROTECTED IN ACCORDANCE WITH THE PRIVACY ACT OF 1974.