

Employee/Affiliate/Volunteer Demographic Form

PERSON TYPE: Staff Faculty Student LAT Volunteer Other: _____

DEPARTMENT TITLE: _____ RESEARCH AREA: _____

EMPLOYEE/AFFILIATE/VOLUNTEER INFORMATION

Last Name First Name Middle Name

ALTERNATE NAME: _____

Banner ID: _____ DATE OF BIRTH: _____ GENDER: Female Male
mm/dd/yyyy Self Identification: _____

HOME ADDRESS: _____
Street or Mailing Address

City State Zip Code

EMAIL1: _____ EMAIL2: _____

PHONE: _____ ALTERNATE PHONE: _____

PRIMARY AFFILIATION (LAT/VOLUNTEERS/ADJUNCTS):

PRIMARY Location: _____ Title: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____
Last Name, First Name

Address: _____
Street or Mailing Address

City State Zip Code

Phone: _____ Relationship: _____

FOR OFFICE USE

Start Date: _____ End Date: _____

Supervisor: _____ Position Number: _____ Grade: _____

Dept Office: _____ Office Phone: _____ LDC: _____

Mentors? Teaches?