

# VOLUNTEER

## FINGERPRINTING / PERSONAL IDENTITY (PIV) ID CARD INFORMATION

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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 \_\_\_\_\_

MANAGER \_\_\_\_\_ SPONSOR \_\_\_\_\_ REGISTRAR \_\_\_\_\_

FINGERPRINT DATE \_\_\_\_\_

VISTA \_\_\_\_\_

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