



# South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

[www.spoifr.org](http://www.spoifr.org)

## Volunteer Data Form

This data is used to set you up as a vendor in the payroll system for stipend pay. It must be accompanied by a W-4 as well as a direct deposit form (if you opt to have direct deposit). All information is required, unless noted otherwise.

Volunteer Name \_\_\_\_\_  
(last, first, middle initial)

Address (mailing): \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ State/ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/ Message: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Male

Female

**(Optional)** Please select one for EEOC information only:

White

American Indian

Black

Asian

Hispanic

Other

Date of Hire: \_\_\_\_\_

Job Title: Volunteer

I certify under penalty of perjury that the above information is true and correct, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_