South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

www.spofr.org

Volunteer Data Form

This data is used to set you up as a vendor in the county system for stipends. It must be accompanied by a W-4 and a direct deposit form (if you opt for 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: _____

Email: _____

☐ Male ☐ Female

(Optional) Please select one for EEOC information only:

☐ White ☐ American Indian

☐ Black ☐ Asian

☐ Hispanic ☐ Other

Emergency Contact _____

Emergency Contact Relationship: _____ Phone: _____

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

Signature: _____ Date: _____

FOR MANAGEMENT PERSONNEL USE ONLY

Date of New Volunteer Approval: _____ Title: Volunteer