



Campus Volunteer PeopleSoft Entry Information Form

Volunteer First Name:

Volunteer Last Name:

Volunteer Email Address:

Existing Campus ID Number or Social Security Number:

Department ID:

ASM Name:

Date of Birth:

Cell Phone:

Volunteer Start Date:

Volunteer End Date (12 month maximum):

Driver's License # (if driving State vehicles):

Emergency Contact Name & Phone Number:

Requestor Name:

Requestor Phone Number:

All fields are required with the exception of Driver's License Number for non-drivers. Questions? Please call ext. 5-7393.