NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM

Campus	☐ DRI	☐ GBC	☐ NSHE	☐ TMCC	☐ UNR	☐ WNC
Action	☐ New Volunteer	☐ Address Change*	☐ Name Change	☐ Mail Stop Change	☐ Other	Efffective Date __ _____
Volunteer Type	☐ Volunteer A or B ☐ Adjunct Faculty ☐ Campus Affiliate	❑ ❑	❑ ❑ ❑	_____		

** This form is for human resources and payroll records only.*

VOLUNTEER PERSONAL CONTACT INFORMATION

Volunteer Name	Last	First	MI
Nickname		If changing name, indicate former name here	
Mailing Address*	Street	City, State	Zip
Phone and Email	Phone	Email	
Emergency Contact	Name	Relationship	Phone

**Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.*

AFFIRMATIVE ACTION INFORMATION

By Federal mandate this institution collects and maintains the data below. Definitions: http://www.bcn-nshe.org/hr/employment/categories/

NEW VOLUNTEER ONLY

Gender ☐ Female ☐ Male

Date of Birth: (mm/dd/yyyyy) _____/_____/_____

Are you Hispanic or Latino?
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

☐ Yes ☐ No

Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none).

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Disability Status ☐ Not Disabled (F) ☐ Disabled Individual (T)

Military Discharge Date: (mm/dd/yyyyy) _____/_____/_____

Military Status: Check as many as apply or none.

- ☐ Disabled Veteran
- ☐ Other Protected Veteran (Campaign badge list)
  See list www.opm.gov/veterans/html/vgmedal2.htm
- ☐ Armed Forces Service Medal Veteran

Visa Status: Expiration Date(mm/dd/yyyy) ____/_____/_____

Type _____ (F-1/J-1/H-1B)

Country of Citizenship _____

EDUCATION INFORMATION

Degree	Month/Year	Major	Name of Institution

VOLUNTEER SIGNATURE: _____ **DATE:** _____

WORK INFORMATION TO BE COMPLETED BY THE DEPARTMENT

Department		**Mail Stop**		**Building**	
Phone		**Fax**		**Room**	
Cell		**Email**			