Email Address		
First Name MI Last Name		
Address	City	State Zip
Date of birth/ Pi	rimary Phone	
Job Title	Employer	Work Phone
Ethnicity (Optional, Select one) <ul> <li>Not Hispanic</li> <li>Hispanic</li> <li>prefer not to state</li> </ul> Race (Optional, Select all that apply) <ul> <li>White</li> <li>Black</li> <li>Asian</li> <li>Hawaiian/Pacific Islander</li> <li>American Indian/Alaskan Native</li> <li>Other combinations</li> <li>prefer not to state</li> </ul>	Gender : Female Male Gender Identity no Prefer Not to response te	l l nave a parent who served in military
		<ul> <li>Active Duty □National Guard</li> <li>Reserves □N?A</li> </ul>
Emergency Contact Name Relationship to member		<ul> <li>□ Active Duty</li> <li>□ National Guard</li> <li>□ Reserves</li> <li>□ N?A</li> </ul>
	Phone #	<ul> <li>□ Active Duty □National Guard</li> <li>□ Reserves □N?A</li> </ul>

I acknowledge that I have authorized my Annual Background Check, agreed to the Volunteer Code of Conduct and completed the Media, Evaluation, and Medical Agreement in Volunteer Central.

□ I agree Signature\_

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