

**NEW YORK MEDICAL COLLEGE  
VOLUNTEER INFORMATION REPORT**

TO: HUMAN RESOURCES  
CC: SECURITY & SAFETY  
CC: ENVIRONMENTAL HEALTH & SAFETY  
CC: DEPARTMENT ADMINISTRATOR FILE  
CC: HEALTH SERVICES

VOLUNTEER PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

---

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CITIZENSHIP STATUS: US \_\_\_\_\_ or VISA TYPE \_\_\_\_\_

---

**WORK RELATED INFORMATION:**

Department: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Lab Location: Building \_\_\_\_\_ Room# \_\_\_\_\_ Work phone \_\_\_\_\_

or

Work location: Building \_\_\_\_\_ Room # \_\_\_\_\_ Work phone \_\_\_\_\_

---

Emergency Contact Number: \_\_\_\_\_

Name of Person to be Contacted: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_