



South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

www.spoifr.org

Volunteer Data Form

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

Emergency Contact _____

Emergency Contact Relationship: _____ Phone: _____

Male

Female

(Optional) Please select one for EEOC information only:

White

American Indian

Black

Asian

Hispanic

Other

Date of Hire: _____

Job Title: Volunteer

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

Signature: _____ Date: _____