

STUDENT/VOLUNTEER PERSONNEL FORM

Name:	SSN:	DOB:
Current Address:	Gender:	🗆 Female 🛛 Male
	-	TG Other
Permanent Address:		E-Mail:
Home Phone:		Cell Phone:
Start Date \rightarrow <i>or</i> Rehire Date \rightarrow		End Date \rightarrow
Unit →	_	Supervisor \rightarrow
Project Name \rightarrow	_	
□ Attorney		Funding Source →
Date of JD \rightarrow Date of Bar Admission \rightarrow		Hourly Rate \rightarrow Schedule-Hours/Week \rightarrow
		(ie. 21hrs, MTW)
State of Bar Admission → □ Undergrad → College/University □ Law Student →	-	VolunteerIYESNOPaid StudentIYESNOCoopIYESNOWork StudyIYESNO
Law School		*GBLS timesheets <u>MUST</u> be submitted to Personnel on a semi-monthly basis
→ Expected Date of JD		

Name:						
PERSONNEL INFORMATION (OPTIONAL)						
Race:						
American Indian or Alaskan Native (Not Hispani	c or Latino)					
Asian (Not Hispanic or Latino)						
 Black or African American (Not Hispanic or Latino) Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) 						
						White (Not Hispanic or Latino)
Two or More Races (defined as all persons who	identify with n	nore than one o	f the five above races)			
Hispanic or Latino						
Invitation to self-identify as an individual with a di	sability:					
□ Yes, I have a disability □ No, I do not have a disability □ I do not wish to answer						
If yes, please explain:						
Veteran: 🗆 YES 🗆 NO						
Language(s) spoken other than English:						
	Read Only Fully Fluent		Conversational			
	_	_	_			
Student/Volunteer Signature	Date					
Director of Human Resources/Designee	Date					