



U.S. Department of Justice  
Federal Bureau of Prisons  
*Federal Medical Center, Devens*

**VOLUNTEER EMPLOYEE PERSONAL  
INFORMATION DATA FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Aliases / Nickname / Maiden: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Are You a U.S. Citizen? Y \_\_\_\_\_ N \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (City/State) Date of Birth: \_\_\_\_\_

Have you served in the military? Y \_\_\_\_\_ N \_\_\_\_\_ What branch? \_\_\_\_\_ How long? \_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

How long have you been associated with this organization? \_\_\_\_\_

Automobile Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Location of Your Work in this Institution: \_\_\_\_\_

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

Facility (Check One) \_\_\_\_\_ Camp Only \_\_\_\_\_ Main Facility Only \_\_\_\_\_ Both

Are you a Volunteer/Contract Employee at another Bureau of Prisons' institution? Y \_\_\_\_\_ N \_\_\_\_\_

If your answer is yes, which institution? \_\_\_\_\_

In Case of Emergency, please contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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