



NON-PAID AFFILIATES DATA FORM

Complete form and forward to Human Resources prior to

DATE: ___/___/___

NAME: _____ Title: _____ LAST FOUR OF SOC. SEC # _____

ADDRESS: _____ ZIP CODE _____

PHONE: _____ Listed Unlisted EMAIL ADDRESS: _____

GENDER: Male Female MARITAL STATUS: Single Married

BIRTH DATE: ___/___/___ Mo. Day Year Widowed Other _____

CITIZENSHIP: US Citizen Non-immigrant Alien Permanent Resident Immigrant Unknown VETERAN STATUS: None Other Protected Vet. Only Both Vietnam/Other Eligible Vet.

ETHNICITY: White Non-Hispanic Black Non-Hispanic American Indian/Alaskan Native Asian /Pacific Islander Hispanic or Latino Other

EMERGENCY CONTACT PERSON: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

APPROVALS: SUPV/MANAGER'S NAME: DEPT/OFFICE: AFFILIATE'S EFFECTIVE ACTIVITY DATE: AFFILIATE'S ENDING ACTIVITY DATE: SUPV. /MANAGER'S SIGNATURE: DATE:

FOR HUMAN RESOURCES USE ONLY CONTRACTOR FT. SAM HOUSTON ROTC Other HROFFICIAL INITIALS: DATE: