**PROGRAM/ACTIVITY ADULT VOLUNTEER LIST**

**(Any volunteers, students, or employees working the event)**

Please list individuals even if you believe they already had a background check. The names will be cross checked and if the individual already has the necessary background check on file, they will not be checked again.

**\*Denotes required fields**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **TO BE COMPLETED BY EHS**(update & return to sponsor)  |
|  | **Legal Name\*** | **ULID** | **Email\*** | **Phone\*** | **Background check: Approved to Participate** | **Completed Crime Reporting Training** |
| **Last Name** | **First Name** | **M. Initial** |  |  |  | Y or N | Y or N |
|  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |