

Volunteer Intake Form

The confidential information below will be entered into a secure database that will be used to process your study related compensation and to contact you for future studies, if desired.

Contact Information

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Demographic Information

Date of Birth: _____ Gender: _____ Male _____ Female

Ethnicity: Are you Hispanic or Latino? _____ Yes _____ No

Race: _____ American Indian or Alaska Native _____ Native Hawaiian or Pacific Islander

_____ Asian _____ Black / African American _____ White / Caucasian

Institute for Global Health Database

Are you interested in being placed on our contact list for future studies? Yes No

How did you hear about this study?

Email Postcard Referral from friend
 Upstate Online Global Health Website Social Media
 Craigslist Posters on campus Posters in community
 Bus / Bus Shelters Newspaper / Magazine Other: _____

Appointment Scheduling
For office use only

Study: _____ Date/Time: _____

Appointment Confirmation: Phone Email Unable to reach Canceled

Notes: _____

Rescheduled Date / Time: _____

Appointment Confirmation: Phone Email Unable to reach Canceled

Notes: _____
