



**Department of
Mechanical Engineering**

1280 Main Street West
Hamilton ON Canada
L8S 4L7

Tel: 905.585.9140 Ext. 24294
Email: mech@mcmaster.ca
http://eng.mcmaster.ca/mech

VOLUNTEER CONTACT INFORMATION

SURNAME				First Name		
VOLUNTEER INFORMATION						
Middle Name:		Gender:		Marital Status:		
Date of Birth:		Citizenship Country:				
email:		email:				
McMaster ID#:		Institution of last degree				
PERMANENT MAILING ADDRESS:						
No. & Street:		Apt:				
City:		Code:				
Province:		Country:				
Phone:		Cell:				
LOCAL MAILING ADDRESS:						
No. & Street:		Apt:				
City:		Code:				
Province:		Country:				
Phone:		Cell:				
EMERGENCY CONTACT INFORMATION:						
Name:		Relationship				
Phone:		Cell:				

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