



Underage Buyer Information Sheet

Name _____ Age _____

Height _____ Weight _____ Hair _____ Eyes _____ SSN _____

Race _____ Male _____ Female _____ Facial hair: Yes / No (Circle one) Facial piercing: Yes / No (Circle one)

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

School _____ Address _____

Work _____ Address _____

Do you have a car: Yes /No

If not, will you have transportation to and from the _____ [agency name]?

Yes / No

Have you ever been arrested for being in possession of alcohol while under 21: Yes / No

Parent Information

(If Volunteer is under 18)

Parent / Guardian _____

Street Address _____ City _____ Zip _____

(If different than Volunteer's)

Mailing Address _____ City _____ Zip _____

(If different than street address)

Home Phone _____ Work Phone _____ Cell Phone _____

Work _____ Address _____