SUNY Brockport

Human Resources

Request to Appoint Volunteer

Form must be submitted and approved prior to the commencement of the volunteer service.

Volunteers provide direct service in support of the College and its programs without remuneration. Volunteer status carries certain liability coverage for the College and volunteer, therefore the direct service must be clearly outlined and described. Appointment maximum is one year; may submit request annually.

All new Volunteers subject to background investigation

	Incomplete forms or forms missing attachments will be returned to the Department						
I. TO BE COMPLET						•	
		PERSONA	AL INFORMATIO	N:			
Volunteer's Name:			Social Security Number (required):				
Date of Birth:			Telephone Number:				
Home Address:			E-Mail Address (required):				
Department:			Location Volunteer Activity will take Place:				
Supervisor: Describe in detail volunteer service to be performed:			Building: Room: Other:				
Describe in detail vo	lunteer service to be	performed:					
		VOLUNTEER APP	OINTMENT INFO	RMATION:			
Check One:	Is Volunteer a	Is Volunteer a		Citize	n of the U.S.		
☐ New Volunteer*	current Brockport	current Brockport	Start Date:	□Yes	□ No **	☐ Instructional or	
	student:	(Faculty/Staff)				Non-	
Returning Volunteer	Yes	employee:	End Date:		te: A non-citizen t appropriate work	Instructional	
		Yes	Liiu Date.		not allowed to		
*See required	□No	□No		provide	e volunteer services.		
documents and attach		□ NO					
*Required Attachments for New Volunteers:							
Oath of Office Card Resume If non-citizen temporary work authorization is required							
Please note: New Volunteers may not start until the background investigation is completed.							
II. TO BE READ AND SIGNED BY VOLUNTEER:							
VOLUNTEER'S ACKNOWLEDGEMENT:							
Please review the Public Officer's Law at https://jcope.ny.gov/ethics-laws-and-regulations-0 as you will be required to certify							
below that you have viewed this document. Volunteers are expected to respect the privacy of their colleagues and the							
confidentiality of the College. All new volunteers are subject to a background investigation and shall not begin							
volunteer service until the investigation is complete.							
On behalf of the faculty, staff, and students at SUNY Brockport, thank you for your contributions as a volunteer to the							
College. Volunteers, like you, are essential to both the quality of the College's programs and to the breadth of experiences available to our students. We are thankful for your commitment of time and effort on behalf of SUNY							
Brockport.							
Certification: (Volunteer's Signature)			Date:				
III. AUTHORIZATI	ION:						
Volunteers with campus privileges may be eligible for parking, email, library, telephone, campus ID, and computer							
systems access. These services are authorized and obtained by the department utilizing the volunteer. These services							
are not granted until Human Resources has appointed the volunteer in their system. Volunteer paperwork should be							
submitted at least two weeks before volunteer starts. Volunteers are covered by workers' compensation and the Public Officers Law and should receive training as required in FERPA, HIPAA, and/or any other confidentiality requirements							
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applicable to the parequest annually. A							
reported to Human		lion, responsibilit	ies, etc., within ti	ne volunteer	appointment per	iou siloulu be	
•							
Supervisor Signatui	re:]	Date:			
Dean/Director Sign	ature:		1	Date:	Appro	ved Disapproved	
HR Use Only: Back		Completed Date: _	SUNY HR D		ath Card Received		
Copies: Volunteer	r Denartment	LITS Identity Mam	nt Original to V	/olunteer File			
Sopies. — volunteel		Larro racinaty MgIII	Urigiliai tu t	Junited File			