

## 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 COMPLETED BY DEPARTMENT REQUESTING THE VOLUNTEER:

#### PERSONAL INFORMATION:

Volunteer's Name:	SS# Only last 4 digits for returning Volunteer:
Date of Birth:	Telephone Number :
Home Address:	E-Mail Address ( <b>required</b> ):
Department: Supervisor:	Location Volunteer Activity will take Place: Building:      Room:      Other:

Describe in **detail** volunteer service to be performed:

#### VOLUNTEER APPOINTMENT INFORMATION:

<b>Check One:</b>	<b>Is Volunteer a current Brockport student:</b>	<b>Is Volunteer a current Brockport (Faculty/Staff) employee:</b>	<b>Start Date:</b>	<b>Citizen of the U.S.</b>	
<input type="checkbox"/> New Volunteer*	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No **	<input type="checkbox"/> Instructional or
<input type="checkbox"/> Returning Volunteer	<input type="checkbox"/> No	<input type="checkbox"/> No	<b>End Date:</b>	<b>** Note: A non-citizen without appropriate work visa is not allowed to provide volunteer services.</b>	<input type="checkbox"/> Non-Instructional
<b>*See required documents and attach</b>					

**\*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 [http://www.jcope.ny.gov/about/laws\\_regulations.html](http://www.jcope.ny.gov/about/laws_regulations.html) 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 should not begin volunteer service until the investigation is complete.

On behalf of the faculty, staff, and students at The College at 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 The College at Brockport.

<b>Certification: (Volunteer's Signature)</b>	<b>Date:</b>
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### III. AUTHORIZATION:

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 applicable to the particular department for whom they are working. Appointment maximum is one year; may submit request annually. Any changes in location, responsibilities, etc., within the volunteer appointment period should be reported to Human Resources.

<b>Supervisor Signature:</b>	<b>Date:</b>			
<b>Dean/Director Signature:</b>	<b>Date:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	

**HR Use Only:** Background Investigation Completed Date: \_\_\_\_\_ SUNY HR Date: \_\_\_\_\_ Oath Card Received Date: \_\_\_\_\_

Copies:  Volunteer    Department    LITS Identity Mgmt.    Original to Volunteer File