



ASSIGNMENT AND RESPONSIBILITIES

Assigning Department(s):

Description and dates of services for volunteer appointment:

start date: ____/____/____ end date: ____/____/____

DIVISION/DEPARTMENT AUTHORIZATION

Please identify University services required for this voluntary appointment:

☐ Campus Access ID ☐ Telephone Account ☐ E-mail

☐ Other (please specify):

Authorized Appointment Period: ____/____/____ to ____/____/____

Requestor's Signature

Date

Department Director's Signature

Date

**VP, Provost or Associate Vice Provost's
Signature**

Date

SUNY Empire State University
Application for Volunteer Services

PERSONAL INFORMATION

_____ Last Name		_____ First Name		_____ Middle Initial	
_____ Street Address		_____ City		_____ State	_____ Zip
- -				() -	
Social Security Number (This is a required field in the SUNY HR system)				Telephone	
Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently a SUNY Empire student? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMERGENCY CONTACT (OPTIONAL)

_____ Last Name		_____ First Name		_____ Middle Initial		_____ Relationship	
() -				() -			
Home Telephone #				Work Telephone #			

HUMAN RESOURCES

_____ Date Received in OHR					

<input type="checkbox"/> Oath of Office Card _____		<input type="checkbox"/> Appt Letter _____		<input type="checkbox"/> SUNY HR _____	
Initials Date		Initials Date		Initials Date	

cc: Supervisor
VP, Provost or Associate Vice Provost