



ASSIGNMENT AND RESPONSIBILITIES

Assigning Department(s):

Description and dates of services for volunteer appointment:

start date: ___/___/___ end date: ___/___/___

DIVISION/DEPARTMENT AUTHORIZATION

Please identify College 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 Vice Provost's Signature

Date

**SUNY Empire State College
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 ESC student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT (OPTIONAL)

Last Name	First Name	Middle Initial	Relationship

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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 Vice Provost