** APPLICATION FOR VOLUNTEER SERVICES**

**Assignment and Responsibilities**

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| Assigning Department(s): |
| Description and dates of services for volunteer appointment:  start date: \_\_\_/\_\_\_/\_\_\_end date: \_\_\_/\_\_\_/\_\_\_ |

**Division/Department Authorization**

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| Please identify College services required for this voluntary appointment:  \_\_\_Parking \_\_\_ Campus Keys \_\_\_ Telephone Account \_\_\_ Library \_\_\_ E-mail \_\_\_Campus ID Card  \_\_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Appointment Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Department Supervisor’s Signature Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Provost or Vice President’s Signature Date**  Recommendation on voluntary appointment is: Approved Disapproved  (*Please provide comments if approval is denied and return to the supervisor)* |

**Personal Information**

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**SUNY Geneseo**

**Application for Volunteer Services**

**Emergency Contact**

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**Volunteer Authorization**

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| I hereby authorize the College to investigate all aspects of my employment/educational/criminal history.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Volunteer’s Signature Date** |

**Human Resources Authorization**

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| Application for Voluntary Appointment is: Approved Disapproved  *(Please provide comments if appointment is denied and return to the supervisor with a copy to the Vice President)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assistant Vice President for Human Resources Signature Date**  Human Resources: \_\_\_\_\_ Oath of Office card \_\_\_\_\_ Appt Letter \_\_\_\_\_ ID card  \_\_\_\_\_ SUNY HR \_\_\_\_\_ Background Investigation Release \_\_\_\_\_ Policies  \_\_\_\_\_ Orientation Checklist \_\_\_\_\_ Compliance Training |

**c: Supervisor**

**Vice President**