** 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**