

SUNY Geneseo
Application for Volunteer Services

Emergency Contact

Last Name	First Name	Middle Initial	Relationship
Street Address	City	State	Zip
Home Telephone #		Work Telephone #	

Volunteer Authorization

I hereby authorize the College to investigate all aspects of my employment/educational/criminal history.

Volunteer's Signature **Date**

Human Resources Authorization

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