STATE UNIVERSITY OF NEW YORK



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 Socurity Number (This is	a required field in the SUNY HR system)		() Telephone	
			·	
Are you a citizen of the U.S.?	🗌 Yes 🗌 No	Are you currently a SUN	/ ESC student?	
EMERGENCY CONTACT (OPTIO	NAL)			
Last Name	First Name	Middle Initial	Relationship	
() -		() -	
Home Telephone #	Work Telephone #			
HUMAN RESOURCES				
Date Received in OHR				
			SUNY HR	
Initia	lls Date	Initials Date	Initials Date	

cc: Supervisor VP, Provost or Vice Provost