Volunteer* Appointment Form

Form # 13

8/21 YELLOW ORIGINAL

Volunteer:		c	ortland Alum? Yes No If Yes HR will send cc: to Alumni Engagement
SSN# (or C# if assigned):		DOB:	
Department:			
Purpose/Responsibilities:	(Include a brief statement of purpose/responsibilities)		
Notes:			
Affiliation (check one):	 ☐ Visiting Scholar (includes facular) ☐ Contributing Service Instructor instructors, and similar) ☐ Retired Senior Volunteer Program Non-SUNY Cortland Student In Other (describe) 	or (include gram	s unpaid collaborating faculty, ROTC
Appointment Dates:		То	
(Signature – Department Head) FORWARD TO HUMAN RESOUR Human Resources Verification	CES OFFICE		(Date)
By: Date:			

^{*}Volunteers include any individuals who are providing services to SUNY Cortland and are not being paid by SUNY Cortland (or one of its affiliates such as the Research Foundation of SUNY). They are eligible to receive a C#, a SUNY Cortland ID card, and a parking permit. Volunteers are covered by workers' compensation and the Public Officers Law and should receive training as required in FERPA, HIPAA, and/or any other confidentiality requirements applicable to the particular department for whom they are working. All individuals appointed through this mechanism are responsible for complying with all campus policies and procedures.