

STATE UNIVERSITY OF NEW YORK  
College of Environmental Science and Forestry  
Office of Human Resources

**VOLUNTEER REGISTRATION FORM**

***\*Fill out form by tabbing to (or clicking on) the shaded fields and entering text. For check boxes just click in the box. Print out form for signatures. Please make sure to save the completed form to your computer because the form will not save online.***

**Guidelines:**

- Appointment maximum is one year; may be renewed annually.
- Special policies apply to minors under 18 years of age - contact Tammi Kincella (x6813).
- Those driving vehicles must adhere to SUNY policy for operating motor vehicles.
- One form must be used for each volunteer.
- Fill in all blanks as all information is necessary to process this form.
- Both supervisor and Chair/Administrative Director signatures are required.
- Volunteers provide direct service in support of SUNY and its programs without remuneration.
- **Forward completed form(s) to Tammi Kincella, 216 Bray Hall.**

Name: \_\_\_\_\_

Unit/Program: \_\_\_\_\_

Is position Full-time or Part-time? \_\_\_\_\_

Campus Location: \_\_\_\_\_ Campus Phone Ext.: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you authorized to work in the United States through any of the following?

J-visa Scholar,  J-visa Student,  F-visa Student

Reason for volunteer designation rather than employee: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Is this volunteer working on or related to a Research Foundation grant?  No  Yes

If yes, indicate project/task/award. \_\_\_\_\_

Will there be cost to the College resulting from this position?  No  Yes

If yes, how much and why? \_\_\_\_\_

Will this position require operation of motor vehicle for College purposes?  No  Yes

If yes, for what purpose? \_\_\_\_\_

Will an ID card be needed for the position (Note: ID card entitles use of library, certain discounts, etc.)?  No  Yes

If yes, for what purpose? \_\_\_\_\_

Emergency Notification: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

*Volunteer status is subject to review and approval by the Office of Human Resources.*