

REQUEST TO APPOINT VOLUNTEER of Research Foundation for SUNY ESF

Please review the policy and procedure to appoint volunteers before completing this form (see next page).

Volunteer status is subject to review and approval by Vice President for Research, Campus Operations Manager or Designee, Department Chair/Director, and The Office of Human Resources before any individual can begin as a volunteer.

Last Name:		First Name:
Unit/Program/Department:		
Project/Task/Award:		
Start Date:	End Date:	_ (Note: one year maximum)
Campus Location(s)/Building(s)/Roo	om(s)?:	
Is Volunteer being paid/sponsored b	y his/her own employer/organization?	NoYes (if yes, cannot be a volunteer since coverage is through that employer/organization)
Is Volunteer living in college-provided/paid lodging (rented, leased, etc.)?		No Yes
Is Volunteer displacing a Research F	foundation employee at SUNY ESF?	No Yes (if yes, cannot be a volunteer)
What specific service to Research Foundation at SUNY ESF is the Volunteer performing?		
Is the Volunteer working in a labora	tory, field and/or with hazardous materials? _	No Yes (if yes, volunteer request will be reviewed by Environmental Health and Safety Office prior to approval)
Provide description of responsibilities and specific activities:		
Will there be a cost to the grant result	lting from this position?No	Yes
If yes, how much and why?		
Will this position require operation of motor vehicle for the grant?NoYes (if yes, see next page regarding driving State vehicles)		
If yes, for what purpose?		
Who is the vehicle owner (ex: individual, SUNY ESF, Research Foundation, other)?		
Volunteer Certification Emergency Notification: Contact/Name: Phone #:		
Are you over the age of 18?Yes (if under the age of 18, working papers are required)		
Important: For international students or visitors, it is your responsibility to ensure that the volunteer appointment is not in violation of your visa status. If you are unsure if this action might be in violation of your status or if you are engaging in this volunteer appointment as part of OPT or CPT, you must contact the ESF Coordinator of International Education at oie@esf.edu before filling out the rest of this form.		
Are you an international student or visitor?NoYes If yes, is this volunteer appointment a violation of your visa status?NoYes		
COVID-19: I have read and will adhere to the rules and regulation of the Telecommuting and COVID-19 SUNY ESF Research Safety Agreements (see next page).		
Volunteer Signature:		Date:
Print Supervisor Name:		
Supervisor Signature:		Date:
Department Chair/Director Signature:		Date:
Vice President for Research or Designee Signature:		Date:
Campus Operations Manager or Designee Signature:		Date:
Complete and Return to: Office of Human Resources ATTN: Amanda Bascombe ajbascom@esf.edu 216 Bray Hall 315-470-6611 (phone) 315-470-6953 (fax)	Office of Human Resources Review:	
	Approved by:	Date:
	Denied by:	Date:
	Reason for denial:	
		Revised 1/2/2024

Definition: Volunteers provide direct service in support of Research Foundation grants without remuneration

Volunteer status carries certain liability coverage for the Research Foundation and volunteer, therefore the direct service must be clearly outlined and described.

Volunteer status does not authorize privileges, such as an ID card, email account or parking. To request privileges, complete a Request for Privileges Form

COVID-19 Agreements:

Telecommuting Agreement: Terms & Conditions of the Telecommuting Agreement

By signing this agreement, the volunteer agrees to the duties, obligations, responsibilities and conditions for telecommuters described in this document and understands it may be amended and agrees that telecommuting is not a formal, universal volunteer benefit. There is no "assumed" right to telecommute.

Workers' Compensation – The volunteer is covered by Workers' Compensation if injured in the course of performing official duties at the telecommuting location. Volunteers must notify their supervisors immediately and complete all necessary and/or management-requested documents regarding the injury. Accident reporting and investigation procedures are not affected by work location.

Liability – The Foundation will not be liable for damages to the volunteer's equipment or property that arise from the volunteer's participation in the telecommuting program, nor will the Foundation be liable for damage or injuries to third parties with respect to the telecommuting arrangement.

Equipment & Supplies – RF equipment or supplies made available to the volunteer in connection with the telecommuting arrangement will be used for business purposes only and will be protected from unauthorized access. Upon termination of this agreement, all RF equipment will be immediately returned in the same good condition as it was received by the volunteer, reasonable wear and tear excepted.

Security/Confidentiality – The volunteer acknowledges that all RF policies and procedures, including those regarding security and confidentiality of information, including data and files, remain in full force and effect with respect to the telecommuting arrangement.

Costs – The RF will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities), associated with the use of the volunteer's residence to conduct RF business with respect to the telecommuting arrangement.

Duration and Termination of Agreement – This agreement will remain in force and effect until terminated. Either the volunteer or the RF may choose to discontinue the telecommuting assignment. Additionally, the manager may determine that the telecommuting schedule must be adjusted.

Please note, the RF may require the volunteer to alter this arrangement at the RF's discretion, where the RF deems appropriate or necessary.

COVID-19 SUNY ESF Research Safety Agreement — Commitment to Public Health Practices for Lab and Field Research

To minimize the risk to public health while performing research at ESF – volunteers are expected to adhere to public health practices to minimize the spread of COVID-19. Working with my individual researcher and PI or Group Leader, I understand my responsibility of these public health behaviors should I be working within lab or field research.

I will work with my Research Group Leader to review the Research Operation Plan for minimizing impact of COVID-19. I will comply with the policies and procedures established by my laboratory or research group and will comply with the policies and procedures in other facilities used for my research.

I will limit my exposure to COVID-19 by maintaining social distancing guidelines professionally and personally.

I will wear facial coverings, personal protective equipment, and practice proper handwashing techniques frequently, as appropriate with the shared research plan. I agree to decontaminate work surfaces at the beginning and end of my work.

I agree to closely monitor my health and will not enter a university building or participate in face-to-face research activities if I develop or display symptoms of COVID-19 including but not limited to fever, tiredness and dry cough. If required by my Research Group Leader and/or Research Operation Plan, I will monitor my temperature daily. I will not report to or enter a university building or participate in face-to-face research activities if my temperature exceeds 100 degrees Fahrenheit.

I will NOT be present or work on ESF property, or engage in research activities if ANY of the cases below apply:

I have had symptoms of acute respiratory illness or fever within the previous 14 days

I share a living residence with someone who has had symptoms of acute respiratory illness or fever within the previous 14 days

I share a living residence with someone who has had contact with anyone known to have COVID-19 or who has symptoms of acute respiratory illness or fever I am required by the NYS DOH to be under mandatory or self-quarantine

I have myself, or anyone with whom I share a residence, traveled within the previous 14 days to areas of known COVID-19 cases, and spent time in public areas such as airports, airplanes, buses, etc., where social distancing has not practiced.

If any of the information or status above changes, I will contact the SUNY ESF Office of Environmental Health and Safety at (315) 470-6896 or University Police at (315) 470-6667 to report the change.

I understand that failure to follow these expected behaviors would be detrimental to public health efforts and could impact my ability to perform research or other tasks at ESF.

I hereby affirm by my signature on page 1, that I have read the above Telecommuting Agreement and understand and agree to all of the provisions. In addition, I am committing to public health practices, have read, understand and respect the efforts described above.

Policy

Appointment maximum is one year; may submit request annually. Any changes in location, responsibilities, etc., within the volunteer appointment period should be reported to Human Resources. Special policies apply to minors under 18 years of age - For guidelines, contact: Office of Human Resources • 216 Bray Hall • ATTN: Amanda Bascombe• (315)470-6611

Minors must also present appropriate working papers along with the Volunteer Request Form.

The approval of volunteers working in a laboratory, field and/or with hazardous materials, will also be subject to review by Environmental Health and Safety Office. (Human Resources will arrange for this review prior to approval of volunteer.)

Volunteer status does not grant authority to drive a State vehicle. Those volunteers driving vehicles must adhere to SUNY policy for operating motor vehicles. Contact Physical Plant at 315-470-6588 for guidelines for requesting the use of a State vehicle or visit: https://www.esf.edu/facilities/index.php

For the following forms, visit: https://www.esf.edu/hr/hiring/appointment_forms.php

Volunteers providing direct service in support of SUNY ESF (non-Research Foundation grant), must complete: Request to Appoint Volunteer of at SUNY ESF form. SUNY ESF Faculty who volunteer in the summer should complete: Appointment of Academic-Year Faculty member as a VOLUNTEER in the Summer form.

Process: One form must be used for each volunteer; complete all information in order to process. Print form for signatures (form requires both Supervisor and Department Chair/Director signatures before submitting to The Office of Human Resources). Approval is subject to review by the Vice President for Research, Campus Operations Manager or Designee, and The Office of Human Resources. Supervisor will be notified of approval or denial of volunteer status.

Revised 1.2.2024