

SUNY Child Protection Policy Acknowledgement Form

Upon completion, please email a signed copy to:
John Stella (stella@esf.edu)

Name _____

Date of Birth _____

Faculty or Supervisor Name _____

Department _____

Project Title _____

Working with Minor _____ Start Date _____ End Date _____

Note: You must recertify every 90 days.

Position

- SUNY ESF Faculty or Staff
- Research Foundation for SUNY Staff
- Approved SUNY ESF Volunteer
- Approved Research Foundation for SUNY Volunteer
- SUNY ESF Student Employee
- Research Foundation for SUNY Student Employee
- SUNY ESF Independent Contractor
- Research Foundation for SUNY Independent Contractor

If Student Status

- Undergraduate Student
- Graduate Student

I hereby acknowledge that I have read the [State University of New York Child Protection Policy](#), reviewed the training modules, and agree to abide by the terms, including provisions requiring that actual and suspected physical abuse and/or sexual abuse of a child be reported immediately to the University Police Department at 315-470-6666.

I understand that SUNY College of Environmental Science and Forestry will check the NYS Sex Offender Registry and National Sex Offender Registry to verify that I have not been convicted as a sex offender.

Signature

Date