

SUNY Cobleskill

State University of New York
College of Agriculture and Technology
Cobleskill, NY 12043

REQUEST FOR VOLUNTEER SERVICE

CAMPUS CONTACT: _____

DATE: _____

This temporary appointment is subject to, and in accordance with, the Laws of the State of New York and the Policies of the Board of Trustees.

While serving as a volunteer on behalf of the college, you are entitled to representation by the Office of the New York State Attorney General and indemnification within the provisions of Section 17 of the Public Officers Law.

Volunteer's Name _____
(include middle initial)

Volunteer's Home Address _____

Volunteer's Social Security Number _____

Volunteer's Birth Date _____

Volunteer's Email Address _____

Department/Program _____

Voluntary Capacity _____

Start Date: _____ End Date: _____

Does Employee Need Computer Network/Email Access? _____ Yes _____ No

Volunteer Signature

Date

Vice President, Dean or Director Signature

Date

Return this form to Human Resources once complete and signed.