

**Binghamton University**  
**Volunteer Information Collection Form and/or Child Protection Notification**

State Employee (Please fill out sections 1, 5, and 6, read and sign the agreement)  
I am a:  Research Foundation Employee (Please fill out all sections)  
 Volunteer (Please fill out all sections)

**For Office Use Only:**

Date Rec'd: \_\_\_\_\_

Sex Offender Check:

Yes  No

Initials: \_\_\_\_\_

**Section 1: Biographical Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

**Section 2: Home/Local Address**

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Section 3: Campus Information**

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Building: \_\_\_\_\_ Room/Area: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 4: Emergency Contact Information**

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

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Section 5: Brief list of duties** (please check duties below that most closely align with the volunteer/non-paid service you are performing for the university)

Teaching  Administrative  Commencement  Usher (Anderson Center)  Assisting with a club  
 Athletics Camp Assistance  Academic Camp Assistance  Other (please specify) \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Responsible University Official (applicable to child protection covered events): \_\_\_\_\_

**Section 6: Special Note for those involved in activities including minors covered under the SUNY Child Protection Policy:** The State University of New York has issued the Child Protection Policy. The State University of New York is committed to protecting the safety and well-being of children who participate in University-related programs and activities, whether on or off campus, or utilize campus facilities for activities including, but not limited to, sports camps, academic and personal enrichment programs and research studies. Effective June 17, 2014, the Child Protection Policy requires a check of the New York State Sex Offender Registry and the National Sex Offender Public website for any person (employee, volunteer, other) who is responsible for the custody, control or supervision of children participating in a program or activity sponsored or approved by the University or a University-affiliated organization, or an activity conducted by a vendor, licensee or permittee for which a license or permit for use of University facilities has been approved, occurring on or off campus, for the duration of which the responsibility for custody, control and supervision of children is vested in the University, University-affiliated organization or the vendor, licensee or permittee so approved.

My signature signifies that I agree to abide by all rules, policies and regulations of Binghamton University. I certify that the information that I have provided is complete and accurate. By signing this, I agree to provide the necessary information required and understand that a search of the New York State Sex Offender Registry and the National Sex Offender Public web site will be completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_