

Binghamton University

Volunteer Information Collection Form and/or Child Protection Notification

I am a:

State Employee (Please fill out sections 1, 5, and 6, read and sign the agreement)

Research Foundation Employee (Please fill out all sections)

Volunteer (Please fill out all sections)

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 and Zip Code: _____

Work Phone: _____

Section 3: Campus Information

Department: _____

Supervisor: _____

Building: _____ Room/Area: _____

Phone: _____

Section 4: Emergency Contact Information

Name and Relationship: _____

Street Address: _____

City, State, and Zip Code: _____

Cell Phone: _____

Home Phone: _____

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: _____

For Office Use Only:

Date Received: _____

Sex Offender Check: _____ Yes _____ No

Initials: _____