**Use of Volunteers on Campus Policy**

<https://hr.buffalostate.edu/volunteer-appointment-guidelines>

**Welcome to the State University of New York Buffalo State (SUNY Buffalo State). We appreciate your interest in our organization. We encourage you to provide all the information requested on this application. Thank you.**

**Personal Information**

|  |  |
| --- | --- |
| Salutation (optional) | [ ]  Dr. [ ]  Miss [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ] Mx. |
| Legal First Name | Click or tap here to enter text. |
| Middle Name | Click or tap here to enter text. |
| Legal Last Name | Click or tap here to enter text. |
| Other names used | Click or tap here to enter text. |
| Address 1 | Click or tap here to enter text. |
| Address 2 | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| State | Click or tap here to enter text. |
| Zip Code | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Primary Phone Number | Click or tap here to enter text. |
| Secondary Phone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Training/Licenses Information**

|  |  |
| --- | --- |
| Current Professional Licenses/Certifications/Registrations | Click or tap here to enter text. |

**Supplemental Questions**

|  |  |
| --- | --- |
| How did you hear about this volunteer opportunity? | Click or tap here to enter text. |
| All volunteers are subject to a pre-volunteer background investigation. The University’s Pre-Employment Background Screening Policy is available at <https://hr.buffalostate.edu/pre-employment-background-screening> . Prior to an offer of volunteer, an applicant will be required to sign an authorization release form, allowing Buffalo State to conduct a background investigation. Failure of an applicant to sign the authorization release form will disqualify an applicant from further consideration for appointment. | [ ]  I agree to comply with the university’s policy.[ ]  I do not agree to comply with the university’s policy. (Note, this selection will disqualify you from further consideration for appointment.) |

**Additional Information**

Criminal History

A "yes" response to the next two questions will not automatically disqualify an applicant from employment consideration. Each application will be evaluated based on the nature of the crime, when it occurred, and the duties and responsibilities of the position for which you are being considered.

|  |  |
| --- | --- |
| Except for minor traffic violations and adjudication as a youthful offender, have you ever been convicted of a criminal offense against the law? | [ ]  No [ ]  Yes |
| If yes, please explain | Click or tap here to enter text. |
| Do you have any felony or misdemeanor arrests that have not been fully adjudicated? | [ ]  No [ ]  Yes |
| If yes, please explain | Click or tap here to enter text. |

**Certification**

I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that Buffalo State University may verify the information I have furnished. I understand and agree that any misrepresentation, omission, or falsification of information provided constitutes grounds for immediate dismissal from Buffalo State University and may disqualify me for volunteer opportunities at Buffalo State University. I authorize Buffalo State University to make inquiries regarding my background information. I understand that any offers, or subsequent employment is contingent upon the positive outcome of the background investigation, which requires the completion of a separate Authorization Release Form. I agree to cooperate in such inquiry and understand that providing misleading information may result in disqualification and/or termination. By electronically submitting this application, I certify that I have read and agree with these statements and conditions. For your application to be reviewed for this position, please answer any supplemental questions and sign the certify statement. Buffalo State is an equal opportunity employer. It is Buffalo State’s policy to employ qualified applicants without regard to race, color, sex, age, handicap, national origin, religion, veteran status, sexual orientation or preference. Pursuant to University policy, the university is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs and activities, without regard to an individual’s race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. Employees, students, applicants or other members of the college community (including but not limited to vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law or treated adversely or retaliated against based upon a protected characteristic. The University’s policy is in accordance with federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by the Equal Employment Opportunity Act of 1972, and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence. Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to Lisa T. Morrison-Fronckowiak, Interim Chief Diversity Officer, Buffalo State University, 1300 Elmwood Avenue, 415 Cleveland Hall, Buffalo, New York 14222; or by phone (716) 878-6210 or fax (716) 878-6234. Inquiries may also be directed to the United States Department of Education’s Office for Civil Rights, 32 Old Slip 26th Floor, New York, N.Y., 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov

[ ]  I certify that I have read and agree with the above statements.

|  |  |
| --- | --- |
| Full Legal Name | Click or tap here to enter text. |
| Today’s Date | Click or tap here to enter text. |

**Voluntary Self Identification of Disability**

*Form CC-305 OMB Control Number 1250-0005, Expires 4/30/2026*

|  |  |
| --- | --- |
| Your Name | Click or tap here to enter text. |
| Today’s Date | Click or tap here to enter text. |

Why Are You Being Asked to Complete This Form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years. Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to: | Autism Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS Blind or low vision Cancer Cardiovascular or heart disease Celiac disease Cerebral palsy | Deaf or hard of hearing Depression or anxiety Diabetes Epilepsy Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome Intellectual disability | Missing limbs or partially missing limbs Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS) Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression.

|  |  |
| --- | --- |
| Disability Status | [ ]  Yes, I have a disability[ ]  No, I do not have a disability[ ]  I do not wish to answer |

**Voluntary Self Identification of Protected Veteran Status**

Why Are You Being Asked to Complete This Form?

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp)

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War, which is defined as occurring from August 2, 1990, to the present. If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

|  |  |
| --- | --- |
| Protected Veteran Status | [ ]  I am a protected veteran.[ ]  I am not a protected veteran. |
| Name | Click or tap here to enter text. |
| Today’s Date | Click or tap here to enter text. |

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below. A “disabled veteran” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service. An “active-duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Voluntary Demographics Information**

This information is maintained confidentially in Human Resource Management. It is collected for EEO purposes and used in reports for ensuring pay equity and to ensure lawful employment practices are followed. This information is not shared by individual name but at times is reported in an aggregate.

|  |  |
| --- | --- |
| Sex | [ ]  Female [ ]  Male |
| Gender Identity | [ ]  Female [ ]  Male [ ]  Non-Binary  |
| Are you Hispanic or Latino? | [ ]  No [ ]  Yes |
| Optional Race Category | [ ]  American Indian or Alaska Native[ ]  Asian[ ]  Black or African American[ ]  Native Hawaiian and other Pacific Islanders[ ]  White |
| Primary Language Spoken at Home | Click or tap here to enter text. |
| Do you identify as a member o the LGBTQI+ community? | [ ]  No [ ]  Yes |

**Education and Service**

|  |
| --- |
| Education |
| Degree | Year Graduated | School Name | Check highest level of education |
|       |      |       | [ ]  highest |
|  |      |       | [ ]  highest |
|  |      |       | [ ]  highest |

|  |
| --- |
| Prior or Current Service with the State of New York or SUNY |
|       |       |       |
| *Institution* | *Title* | *Appointment Dates* |
|       |       |       |
| *Institution* | *Title* | *Appointment Dates* |

**Emergency Contact Information**

|  |
| --- |
| Emergency Contacts |
| Name: |       |       |
|  | *Last* | *First* |
| Address: |       |
|  | *Street Address, City, State, Zip Code* |
| Primary Phone: |       | Secondary Phone: |       | Relation to you: |  |
|  |

|  |
| --- |
| **Employee Signature** |
|  |
|  |  |  |       |  |
|  | Employee Signature |  | Date |  |