

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.

SUNY Cobleskill

Confidentiality and Security Compliance Agreement

I understand that I may be granted access to information and data that may contain records subject to federal or state regulations (“regulated data”) regarding privacy and confidentiality, and that I may handle other information considered Personal, Private, and Sensitive. My continued access to this information is based on my agreement to comply with the following terms and conditions regardless of my SUNY Cobleskill employment, internship or volunteer status:

- I will comply with all state and federal laws and college policies that govern access to and use of information about employees, interns, volunteers, applicants, students, donors and vendors.
- My right to access this is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing, using, copying or otherwise disseminating regulated data that is not relevant and necessary for me to perform my job-related duties.
- I will not share regulated data unless explicitly authorized to do so, and in no instance will I share regulated data with third parties without appropriate authorization.
- I will sign-out of electronic records systems when I am not actively using them.
- I will keep my account credentials (e.g., UserID, password) confidential, and will not disclose or share them with anyone. A request for someone else to use your Cobleskill password(s) is considered fraudulent activity.
- If issued keys or other means of entry, I will not copy or share them with anyone and I will report lost or stolen keys immediately to my supervisor.

New York State Cyber Security Policy P03-002: Information Security Policy, Rev. Date: August 1, 2007 Personal, Private, and Sensitive Information (PPSI):

Any information where unauthorized access, disclosure, modification, destruction or disruption of access to or use of such information could severely impact the College, its critical functions, its employees, its customers, third parties, or citizens of New York. This term shall be deemed to include, but is not limited to, the information encompassed in existing statutory definitions, e.g, General Business Law §§399-dd; 399-h(1)(c),(d),(e); 899-aa(1)(a)(b); Public Officers Law, §§86(5); 92(7), (9); State Technology Law §§202(5); 208(1)(a).

PPSI includes, but is not limited to:

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver’s license number or non-driver identification card number; or
- Mother’s maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person’s identity or gain access to a person’s financial resources or credit.
- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
**DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE**
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

State Employee Statement in Lieu of Oath Pursuant to Civil Service Law § 62

(TYPE ALL INFORMATION -- SIGN IN BLACK INK)

Name of Appointee: _____
(Last Name) *(First Name)* *(Middle Initial)*

I do hereby pledge and declare that I will support the constitution of the United States, and the constitution of the State of New York, and that I will faithfully discharge the duties of the position of

Title of Position: _____

Agency Name: _____

Agency Code: _____

according to the best of my ability.

X _____
(Signature of Appointee) *(Date)*

PUBLIC OFFICERS LAW §78 CERTIFICATE

I, the Appointee named above, hereby acknowledge receipt of a copy of sections 73, 73-a, 74, 75, 76, 77 and 78 of the Public Officers Law, together with such other material related thereto as may have been prepared by the Secretary of State, and I acknowledge that I have read the same and that I undertake to conform to the provisions, purposes and intent thereof and to the norms of conduct for members, officers and employees of the legislature and state agencies.

X _____
(Signature of Appointee) *(Date)*

(Appointee must sign both the State Employee Statement in Lieu of Oath and the Public Officer's Law §78 Certificate)

Go to www.dos.ny.gov for filing instructions.