



SECTION I Department Administrators and/or Department Chairs must submit this form when requesting a volunteer.
Enter **Account number** to cover costs associated with background check.

Appointment change for current volunteer - Please provide ID # and only complete the section(s) below to be modified:

SECTION II First Name:

Last Name:

Degree: Date of Birth: U.S. Citizen? Yes No

SSN #: If 'No,' Country of Citizenship:

Address:

Affiliation Agreement in Place?

No

Yes, please list affiliate:

Volunteer ID Card #:

(provided by ID Office)

Email Address:

SECTION III

Department:

Supervisor:

Supervisor Ext:

Title/type of Volunteer:

Division:

Term of Voluntary Appointment: 3 months 6 months 9 months 12 months

Expected Start: End Date: Location: Onsite Bldg. Rm/FI:

Offsite Phone #:

Description

of Duties:

Please check all that apply:

Access Level:

Will seek read-only EMR access

Will have access to patients

May have incidental access to patients

No access to patients / health information

Will need access to DCM facilities

Will need access to email

Study Involves:

Access to Research Data

Human Research

Animal Research

Biohazard Materials Other

If Other, please specify:

Request Completed By:

Date:

SECTION IV - FOR INTERNAL USE

Date of Completion

N/A

SVPRs Office:

Visual Compliance Screening

Office of Research Administration:

Background Check

IRB CITI Training

IACUC CITI Training

Export Control, Review of Policies

Responsible Conduct of Research (RCR) CITI Training

Environmental Health & Safety:

Lab Safety Training

Fire/Hazard Training

Office of Compliance and Audit Services

HIPAA Training

False Claims Act

Research Misconduct

IT Department

Access to read-only EMR

Net ID & Security Access Training

Access to an email account

Approvals:

ORA

Background Check

IRB

IACUC

Signature of Compliance and Audit Services (OCAS)

Signature of Environmental Health & Safety

Signature of IT

ID Approved: Yes No

SVPR Approval

Onboarding Research Volunteers

EXHIBIT A

Intellectual Property Assignment / Attestation

I have read The State University of New York's Patents, Inventions and Copyright Policy ("SUNY Policy") and RFSUNY's Intellectual Property Policy ("RF Policy"). I agree to abide by the SUNY Policy and the RF Policy, and by any additional terms and conditions imposed by any sponsor of any project that I may become involved with during my voluntary appointment. I will promptly disclose to RFSUNY any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements. I will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property is required to enable its protection before U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the SUNY Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

Volunteers Signature:

Date:

**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION FORM**

The Research Foundation of State University of New York may request a background check/consumer report to be obtained from a consumer reporting agency to assist it in making a decision pertaining to your application for employment, or your promotion, reclassification, transfer, or retention as a Research Foundation Employee.

You are considered a "consumer" under the Fair Credit Reporting Act and have certain rights thereunder. A "consumer reporting agency" is a person or business that, for monetary fees, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports. A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency concerning a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

The information requested may include, but not be limited to, verification of identification and/or Social Security number; checks of criminal history, if any; verification of employment, education, credentials or licenses held by you; and credit history. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reclassification, transfer or retention as an employee.

By your signature below, you authorize and consent to the release of consumer reports to The Research Foundation to be used in connection with your application for employment, promotion, reclassification, transfer or retention at The Research Foundation.

Signature

Date

Printed Name