

Volunteer Appointment Letter

Volunteer Name:

Date:

Thank you for your willingness to volunteer your time to Upstate Medical University.

Your volunteer placement will be with **Office of Volunteer Programs**. Your service description is attached to this letter. Your Appointment begins with the signature of this document and continues for as long as we mutually wish to maintain the relationship.

You will be provided a comprehensive orientation by the Department of Volunteer Program's Staff as well as the staff in the department to which you are assigned. The health clearance, education and orientation shall recur annually. As a valuable member of the Upstate Community, all volunteers are expected to conduct themselves in full compliance with all applicable federal and state laws and regulations, together with all applicable New York State, SUNY and/or University policies.

Please affirm your acceptance of the terms of this appointment, stated below, with your signature.

- 1) I agree that as a University volunteer my participation in the activities outlined in the attached Volunteer Service Description of Duties shall be considered a part of this appointment.
- 2) I understand that the University shall have the right to release me as a volunteer without prior notice. I understand that I do not have a formal work appointment for the particular services, and am not considered an employee of Upstate.
- 3) I understand that as a volunteer Upstate does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Furthermore, I understand that I am not an employee of the University and therefore I am not entitled to compensation or employee benefits as a result of my volunteer affiliation.
- 4) I understand that the State of New York, on behalf of SUNY and the University, self retains for insurance purposes. I further understand that NYS Public Officers Law Section 17, "Defense and Indemnification of State Officers and Employees," includes "a volunteer expressly authorize to participate in a state sponsored volunteer program." In the event I am sued in my capacity as a volunteer for negligent acts or omissions directly arising out of me acting within the scope of my volunteer position, I will provide the University with a copy of any summons and complaint, and it will request that the NYS Attorney General defend and indemnify me in the suit, in accordance with NYS Public Officers Law Section 17.
- 5) As a volunteer, on behalf of myself, my heirs and my representatives, I do hereby release, indemnify, and hold harmless the University and its officers, agents and employees from any and all liability, damage or claim of any nature that may arise out of or be related to my volunteer activities. Notwithstanding the foregoing, the University shall remain liable for damages found to have arisen directly from the negligence of the University, its officers or employees acting within the scope of their employment, as provided by law.
- 5) I agree to abide by all laws, rules, policies and procedures that apply to the University and/or its employees, as if I was an employee of the University, as I carry out the activities and duties of my volunteer position.
- 6) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.



STATE EMPLOYEE STATEMENT IN LIEU OF OATH PURSUANT TO CIVIL SERVICE LAW §62

(Please complete legibly with 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:

Volunteer

Agency Name:

SUNY Upstate Medical University

Agency Code:

28110

According to the best of my ability.

Student Signature

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.

Student Signature

Date

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