

Student Association at Binghamton University Child Protection/Volunteer Information Collection Form

The State University of New York has issued the Child Protection Policy. The State University of New York and the Student Association at Binghamton University are committed to protection the safety and well-being of children who participate in SA-related programs and activities, whether on or off campus, or utilize campus facilities for activities including, but not limited to sports events, 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 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 of custody, control and supervision of children is vested in the Student Association, the University, University-affiliated organization or the vendor, licensee or permittee so approved.

Section1: Biographical Information

Name:
Date of Birth:
Current Year In School:
B-Number:

Section 2: Address Information

Home/Permanent Address:
Street:
City:
State: zip code:

Campus/Off-Campus Address:
On-Campus Residence Hall & Room Number:
Off Campus:
Street:
City and Zip Code
Cell Phone:
Other Contact Phone:

Section 3: Event Information

I am volunteering as part of the following event:
Name of Event:
Location of the Event:
Date(s) of Event(s):
Sponsoring Organization:

Section 4: Signature/Agreement

My signature signifies that I agree to abide by all rules, policies and regulations of Binghamton University and the Student Association. 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: