

# Cornell University

## Cooperative Extension

### Chenango County

### Volunteer Application

- Directions:**
- \*Type or print, using black ink
  - \*If you need additional space, attach a separate sheet
  - \*Sign the completed application

| <b>GENERAL</b>  |              |                          |  |                               |
|---|--------------|--------------------------|--|-------------------------------|
| <b>NAME (Last)</b>  |              | <b>First</b>             | <b>Middle</b>  | <b>Today's Date</b>           |
| <b>Mailing Address - Street</b>   |              |                          | <b>Daytime Phone #</b><br>( )  | <b>Evening Phone #</b><br>( ) |
| <b>City</b>   | <b>State</b> | <b>Zip Code</b>          | <b>Email address if any</b>  | <b>Birthdate if under 18</b>  |
| <b>Have you ever volunteered for CCE before? If yes, give dates, program, position</b><br>Yes<br>No   |              |                          |  |                               |
| <b>Date available?</b><br>From  |              | <b>To</b>                | <b>Approximately when and how many hours/week would you like to volunteer?</b>   |                               |
| <b>VOLUNTEER POSITION: Please check the volunteer role that interest you most.</b>  |              |                          |  |                               |
| <input type="checkbox"/> 4-H Leader<br><input type="checkbox"/> Master Gardener<br><input type="checkbox"/> Master Composter<br><input type="checkbox"/> Marketing the organization<br><input type="checkbox"/> Organizational Development (advising & assisting with programs. |              |                          | <input type="checkbox"/> Organizing events/activities<br><input type="checkbox"/> Program development<br><input type="checkbox"/> Consumer Help Line<br><input type="checkbox"/> Resource development – fund raising<br><input type="checkbox"/> Other: (please specify) |                               |
| <b>What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?</b>  |              |                          |  |                               |
| <b>List your volunteer, paid, or educational experiences that relate to the volunteer position you seek</b>   |              |                          |  |                               |
| <b>Organization/Employer</b>  |              | <b>Position/Activity</b> |  | <b>Dates</b>                  |
|   |              |                          |  |                               |
|   |              |                          |  |                               |
|   |              |                          |  |                               |
| <b>Describe any education or training that you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.</b>                     |              |                          |  |                               |
|   |              |                          |  |                               |

**ACCOMODATIONS:** Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate in the activity.

**TRANSPORTATION:** Do you have an independent and reliable means of transportation to and from volunteer activities?      Yes      No

**REFERENCES:** List 3 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

**Have you ever been convicted of a criminal offense other than a minor traffic violation?**

\_\_\_\_\_No    \_\_\_\_\_Yes (If yes) Date(s)

**NOTE:** *A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.*

**Do you possess a valid NYS Driver's License?** \_\_\_\_\_Yes    \_\_\_\_\_No

**NOTE:** *If the volunteer position you seek requires the transportation of others in your personal vehicle or use of CCE Association vehicles **OR** if the volunteer position you seek requires a criminal background check, you will be asked to complete a motor vehicle record request permission form.*

I affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a Cornell Cooperative Extension volunteer. I authorize Cornell Cooperative Extension of Chenango County to obtain from all persons, including those not named here, and/or agencies any records, documents, and other information relative to my suitability to

perform the duties of the volunteer position. **I understand, if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search will be made.** I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at CCE for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that if I am offered and accept a volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the CCE Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ (Required)      Date of Birth (Required) \_\_\_\_\_



# NYS 4-H Leader / Volunteer Enrollment Form

## Chenango County



Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ County: (of residence): \_\_\_\_\_

Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Call at Work? YES NO Best time to Call: \_\_\_\_\_

Serving in the Military? YES NO If so, current status? \_\_\_\_\_ Branch: \_\_\_\_\_

Would like to receive newsletter? YES NO

**Demographics:**

Gender (Circle One): Male Female Ethnicity (circle one): Hispanic Not Hispanic

Race (Circle All That Apply): White Black Native American /Native Alaskan Native Hawaiian Asian

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

**4-H Information:**

Volunteer Type (Circle One): Project General Activity Resource

Interaction Type (Circle One): Indirect Volunteer Direct Volunteer Middle Manager

Status (Circle One): New Returning Years in 4-H: \_\_\_\_\_

**Club:** \_\_\_\_\_

**Project Areas:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Acknowledgement of Risk and Waiver-Adult**  
**(This form must be completed by all participants 18 years of age and older.)**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Chenango County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I am in good health and **I am at or above the minimum age of 18** required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith.

**I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of the sponsoring County Association, the choice of which shall be at the sole discretion of CCE.**

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: \_\_\_\_\_ October 1, 2019-September 30, 2020 \_\_\_\_\_

DESCRIPTION OF PROGRAM: \_\_\_\_\_ 4-H Volunteer \_\_\_\_\_

**PARTICIPANT'S FULL NAME (print)** \_\_\_\_\_  
\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

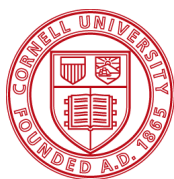
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE :** \_\_\_\_\_ **(MUST BE CCE EMPLOYEE)**

This form must be kept in CCE Association files for seven (7) years from date of show.

F.O. R. M. Code 1501

Edition Spring 2013



Cornell University  
Cooperative Extension  
Chenango County

## Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Chenango County (hereinafter referred to as "CCE"). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

1. I agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation. **That document, including the Code of Conduct it contains, shall be considered a part of this agreement.**
2. I understand that CCE shall have the right to suspend or release me as a volunteer at any time and for any reason, within the discretion of CCE. I also understand that I have the right to terminate this agreement, recognizing that if I receive significant training for the volunteer position that there is an expectation of volunteer service.
3. I understand that CCE does not provide volunteers with medical insurance; therefore CCE is not responsible for any medical expenses incurred by me. Further, I understand that I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my CCE volunteer affiliation.
4. CCE will cover me as a volunteer under the CCE commercial general liability to protect me against any covered claims for injury to persons or damage to property arising out of my activities as a volunteer. In exchange for volunteer liability insurance protection I, on behalf of myself, my heirs and my representatives, do hereby release Cornell Cooperative Extension and the Association, its officers, directors, employees, and other volunteers from any liability whatsoever for any injury to myself, including death, or damage to my property that arises out of or is in any way related to my volunteer activities unless my injury is the result of the sole negligence of Cornell Cooperative Extension or the Association. I understand that the liability insurance coverage only applies when I am on duty, acting in accordance with CCE guidelines for my volunteer assignment, and all other applicable pre-conditions for coverage under the CCE insurance policy are met.
5. CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
6. I am aware of the terms and conditions of this agreement and agree that the provisions of this agreement do not constitute a contract, either expressed or implied, for employment between CCE and myself.
7. This agreement is valid until it is terminated by CCE or by me.

(OVER)

# Cornell Cooperative Extension Association Volunteer Code of Conduct

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program I serve.
- Execute CCE business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and CCE internal affairs that have been entrusted to me as affirmed by my signature on the Volunteer Confidentiality Agreement.
- Refrain from using my CCE volunteer status for personal or business financial gain.
- Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- Use my time wisely and work cooperatively with Extension staff and other volunteers.
- Participate in required training programs and use the recommended policies and procedures.
- Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs, and strengths differ.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

**With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.**

CCE Volunteer \_\_\_\_\_ Date \_\_\_\_\_

CCE Representative \_\_\_\_\_ Date \_\_\_\_\_



Cornell University  
Cooperative Extension

**Extension Administration**

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www.[cce.cornell.edu](http://cce.cornell.edu)

**Photo, Video, and Audio Consent and Release Form**

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension- sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

**My Contact Information:**

Name (print): \_\_\_\_\_

**Signatures:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cornell Cooperative Extension Chenango County**

**607-334-5841**