



Cornell University
Cooperative Extension

Livingston County Volunteer Application

3 Murray Hill Drive
Mt. Morris, NY 14510
t. 585.991.5420 - northern region
t. 585.335.1752 - southern region
f. 585.991.5434

- Directions:**
- *Type or print, using black ink
 - *If you need additional space, attach a separate sheet
 - *Sign the completed Application, Background check, & Acknowledgment of Risk

GENERAL				
NAME (Last)	First	Middle	Today's Date	
Mailing Address - Street		Daytime Phone # ()	Evening Phone # ()	
City	State	Zip Code	Email address if any	Birthdate
Have you ever volunteered for CCE before? If yes, give dates, program, position				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From To		Approximately when and how many hours/week would you like to volunteer?		
Ethnicity (circle one): 1) Hispanic 2) Not Hispanic Race (circle all that apply): 1) White 2) Black 3) American Indian 4) Asian 5) Hawaiian/Pac. Island Residence (circle one): 1) Farm 2) rural/10,000 3) Town/10-50,000				
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.				
<input type="checkbox"/> 4-H Leader <input type="checkbox"/> Master Gardener <input type="checkbox"/> 4-H Overnight Event/Trip Chaperone		<input type="checkbox"/> Parenting <input type="checkbox"/> Traffic Safety <input type="checkbox"/> Other (please specify):		
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek				
Organization/Employer	Position/Activity	Dates		
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.				

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 and phone numbers.*

Name	Address	Phone

Emergency Contact: Name _____ Phone _____ Relationship _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? _____ No _____ Yes

(If Yes), Dates(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, 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 Livingston 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 _____

VOLUNTEER SCREENING AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension Livingston County, I hereby authorize First Advantage Screening Solutions, Inc. on behalf of Cornell Cooperative Extension Livingston County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant Legal Name (please print)

Signature

_____-_____-_____
Social Security Number *

Date of Birth*

Street Address

City, State, Zip

Phone

Date

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

Your Social Security Number will be kept in a secure location and used for the sole purpose of Background Verification. Once the screening process is complete, your SSN will be redacted (marked over so it cannot be read).



Cornell Cooperative Extension Livingston County



Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

PART 1: VOLUNTEER AGREEMENT

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

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, along with the Code of Conduct, 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.

PART 2: VOLUNTEER CODE OF CONDUCT

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination. CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University's Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

Ground Rules: The following Ground Rules apply to all 4-H participants and volunteers. In addition to these expectations, CCE volunteers are accountable to additional expectations outlined in the CCE Volunteer Code of Conduct. Extension staff is accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

1. Create a Welcoming Environment for All. Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
2. Bring Your Best Self. Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others
3. Obey the Law. Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlled substances.
4. Honor Diversity – Yours and Others. Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow Cornell Cooperative Extension Non-Discrimination Policy.
5. Create a Safe Environment. Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable. Be considerate and courteous of all youth and adults and their property.
 - a. Youth must stay in the designated dormitory lodging areas: boys may not be in girls' dormitory or lodging areas and girls may not be in boys' dormitory or lodging areas.
 - b. Report any and all accidents, physical or verbal abuse, or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the Extension staff, Event Coordinators, NYS 4-H as soon as possible.
6. Be a Team Player. Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.

7. Participate Fully. Participate in all of the planned programs, be on time, and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!
8. Watch What You Wear. Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don't wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.
9. Be a Positive Role Model. Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

Consequences: Any of the following may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may possibly be barred from a future event.
3. Participant may be asked to leave the event/activity.

I have read and understand the above and will abide by the NYS 4-H Youth Development Code of Conduct.

PART 3: ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE

I hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension of Livingston County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the 4-H club and 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.

Cornell Cooperative of Extension of Livingston County

4-H Program Year: October 1, 2018 through September 30, 2019

4-H Club Activity (Please select anticipated program participation):

- All 4-H activities and events for program year
- Working with dogs
- Physical Fitness Program
- Shooting Sports (activity must be approved by CCE 4-H Educator)
- Cloverbud Activities
- Cloverbud working with equine or other animal programs

4-H Equine (Horse) Activities

- Participating in an equine activity
- Working with equines beyond club level including clinics, camps, shows
- Working with equine in mounted "over fences" activities

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 AND ACCEPT ALL THE RISKS INVOLVED.

PART 4: PHOTO RELEASE

By signing below, 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 program 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.

PART 5: SIGNATURES

With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understand the terms of all releases, acknowledgements and agreements included in parts: **#1 Code of Conduct, #2 Volunteer Agreement, #3 Acknowledgment of Risk, #4 Photo Release.**

CCE Volunteer Full Name (print) _____ Today's Date _____

CCE Volunteer Signature _____

CCE Representative (Name & Title) _____ Date _____