



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

<b>GENERAL</b>				
NAME (Last)	First	Middle	Today's Date	
Mailing Address - Street		Daytime Phone # (    )		Evening Phone # (    )
City	State	Zip Code	Email address if any	Birthdate
<b>Have you ever volunteered for CCE before? If yes, give dates, program, position</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From                      To			Approximately when and how many hours/week would you like to volunteer?	
<b>Ethnicity (circle one):</b> 1) Hispanic    2) Not Hispanic <b>Race (circle all that apply):</b> 1) White    2) Black    3) American Indian    4) Asian    5) Hawaiian/Pac. Island <b>Residence (circle one):</b> 1) Farm    2) rural/10,000    3) Town/10-50,000				
<b>VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.</b>				
<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. 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**

Cornell Cooperative Extension volunteers serving accept responsibility to represent CCE with dignity and pride serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

### ***To maintain a responsible relationship with Cornell Cooperative Extension, I will:***

- 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.
- Refrain from using my CCE volunteer stats 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.

### ***To maintain a respectful relationship with individuals encountered through volunteer activities, I will:***

- Respect and uphold the rights and dignity of all staff, other volunteers and all individual who participate in CCE programs recognizing that people's values, beliefs, customs and strengths differ.
- Encourage participation of a respect for individuals of diverse backgrounds, cultures and perspectives.
- Refrain from the use of alcohol, tobacco, and inappropriate languages.
- Commit no illegal or abusive act including but not limited to sexual harassment or any form of harassment.

### ***To maintain a safe and healthful environment for program participants, volunteers will:***

- Follow child protection guidelines
- Refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity under the influence of alcohol or controlled substances
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people
- Bring no firearm to any CCE program except when essential to purposes for the program
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner
- Observe all state and federal laws with respect to power equipment and minors
- Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witness, or aware of potential incidences

**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, 2019 through September 30, 2020**

**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 permission to use and/or publish my photograph or image (including audio, film, digital image or any other media) for education purposes, including on its website, in newsletters, publications, marketing materials, press releases, etc. for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit and market said photographs, either alone or as part of a finished production for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph for promotion or publicizing any of these uses.

I understand that I am not being compensated in any way for the use of my images and that I do not have approval over the final product in which it appears. I hereby release CCE and all persons acting under its permission or authority from any and all claims of liability arising out of use of my image. This release shall bind my heirs, guardians, assigns and legal representatives.

**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 \_\_\_\_\_

**OFFICE USE ONLY**

Sexual Harassment Training Completed \_\_\_\_\_ Date of Email Confirmation: \_\_\_\_\_