



**4-H Volunteer Enrollment/Reenrollment Form**

**Directions:** This form is intended for new and returning 4-H Volunteers in the CCE Livingston County 4-H Program. Complete all sections and return to the address above. You will be contacted with the status of your application when you are approved.

**DEMOGRAPHIC INFORMATION**

Full Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Primary Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

Race:  White  Black  Asian  Native American/Alaska Native  
 Hawaiian Native/Pacific Islander  Prefer Not to State

Residence (check one):  Farm  Rural (Under 10K)  Town/city (10K-50K)

Military (check all that apply):  No one in my family is serving in the military

I have a parent who served/is serving in the military  I have served/am serving in the military

Branch Component  Air Force  Army  Marines  Navy

(Check all that apply):  Coast Guard  DOD Civilian  Space Force

Status:  Active-Duty  National Guard  Reserves  Retired

**VOLUNTEER ROLE**

Returning Volunteer  New Volunteer

I am interested in volunteering as:  4-H Organizational Club Leader  4-H Project Leader  
 4-H Activity Leader  4-H Resource leader

I am interested in learning about volunteer opportunities in the following CCE programs:

- Master Gardner  Parenting Education  Traffic Safety
- Nutrition  Ag Advisory Committee  Veteran Programs
- 4-H Shooting Sports  4-H Horse Committee  4-H Advisory Committee
- CCE Board of Directors  CCE Board Nominating Committee
- Agriculture in the Classroom  4-H Dairy & Livestock Committee

Some talents/skills/interests I have that I would love to share with youth and/or CCE include:

*Building Strong & Vibrant New York Communities*

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

Areas I would like to receive additional training in include:

Club Management

Club Officers

Using 4-H Curriculum

Specific Topic Areas such as (please list interests):

Other:

### References – NEW VOLUNTEERS ONLY

List 2 people we may contact, not related to you, who have knowledge of your qualifications:

**Reference 1:**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Reference 2:**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TRANSPORTATION

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

Do you possess a valid 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.

### BACKGROUND CHECK

All volunteers are required to authorize a screen with the NYS Sex Offenders Registry & National Criminal History prior to being accepted for a volunteer position. 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. A national criminal file check and NYS sex offender screening is required for all enrolled volunteers.

We conduct screening upon initial application and again every 3 years. The form to fill out is at the end of this packet.

### PHOTO RELEASE

By signing this form, I consent and give Cornell Cooperative Extension of Livingston County the permission to use and/or publish my photograph(s) or image (including audio, film, digital image or any other media) for educational 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 images and that I/we 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 or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

Yes  No

## VOLUNTEER AGREEMENT

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

1. I, \_\_\_\_\_ (print name), agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation.
2. I understand 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 the agreement, recognizing that if I received 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 representative do hereby release CCE 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 CCE 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 condition of this agreement and agree that the provision of this agreement does not constitute a contract, either expressed or implied for employment between CCE and myself.
7. Background checks will be repeated on a regular basis; every year for the NYS Sex Offenders' Registry, every 3 years for the Criminal History File check and the MVR check. The Volunteer Agreement and Code of Conduct will be reviewed every 3 years.
8. I fully support the following statement: "Cornell Cooperative Extension provides equal program and employment opportunities."
9. This agreement is valid until it is terminated by CCE or me.

## NYS 4-H CODE OF CONDUCT

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration 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.
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 NYS 4-H, Extension staff, and Event Coordinators 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. If a youth, the parent(s) will be called and the youth will be sent home at family's expense.

# CCE VOLUNTEER CODE OF CONDUCT

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. All funds raised in the name of CCE and/or 4-H are property of CCE.
- 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 languages.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.
- Dress in a manner that reflects a positive image of Cornell Cooperative Extension.

## CCE SEXUAL HARASSMENT PREVENTION TRAINING FOR VOLUNTEERS

The purpose of this training is to set forth a common understanding about what is and what is not acceptable in the CCE environment. All volunteers are expected to:

1. Watch the video found here: <https://youtu.be/DJ6ya3FGO6s>
2. Confirm participation and understanding of expectations found here: <https://cceconferences.wufoo.com/forms/s1rg2oqq1p1u7cw/>
3. **Forward the email confirmation** you receive to Renee Hopkins ([rh445@cornell.edu](mailto:rh445@cornell.edu))

This training is required yearly and your volunteer enrollment can not be approved until receipt of this.

## ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, made recommendations for the number of people gathered in one location.

### COVID ACKNOWLEDGEMENT OF RISK

**I understand Cornell Cooperative Extension of Livingston ("CCE")** has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in CCE programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death, I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, CCE employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering CCE or participation in CCE programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless CCE, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the CCE, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Livingston County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

### **ACKNOWLEDGEMENT OF RISK**

**This form must be completed to participate in 4-H clubs and related activities.**

I hereby apply for my child to participate in the 4-H club/activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 4-H club and activities and my child's participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death, and damage to personal property. I understand other participant, accident, forces of nature, or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age of 5 for Cloverbud members and 8 for regular members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

#### **CORNELL COOPERATIVE EXTENSION OF LIVINGSTON COUNTY**

4-H Program Year: October 1, 2021 through September 30, 2022

**I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.** This shall be binding on my heirs, successors, assigns, administrators and executor. Any claim or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York in the county where the County Extension office is location. I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

#### **PART 6: SIGNATURES**

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein, specifically including parts: **PHOTO RELEASE, CODE OF CONDUCT, COVID ASSUMPTION OF RISK & ACKNOWLEDGEMENT OF RISK.**

**Volunteer Name (PRINT)** \_\_\_\_\_

**Volunteer Signature** \_\_\_\_\_ Date: \_\_/\_\_/\_\_

#### **FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ SCREENING SENT TO HR \_\_\_\_\_ DATE APPROVED BY HR \_\_\_\_\_

DATE Sexual Harassment Prevention Training Complete \_\_\_\_\_ References Checked: \_\_\_\_\_

**NEW VOLUNTEERS- THIS FORM IS REQUIRED**

**RETURNING VOLUNTEERS - THIS FORM IS REQUIRED EVERY 3 YEARS**

## **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, including retention as a volunteer.

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

Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) can be reviewed at: [http://staff.cce.cornell.edu/human\\_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf](http://staff.cce.cornell.edu/human_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf)

First Advantage Privacy Policy can be reviewed at: <http://www.fadv.com/privacy-policy/>.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to find out from an investigative consumer reporting agency ("ICRA"), what is in the ICRA's file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

The ICRA will provide trained personnel to explain any information that is furnished to you and to explain any information that is coded.

**BACKGROUND SCREENING AUTHORIZATION/CONSENT**  
**FOR VOLUNTEERS**

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 Background Screening Corp. on behalf of Cornell Cooperative Extension of 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. The source of any investigative consumer report will be First Advantage Background Screening Corp. (First Advantage), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. This report may be compiled with information from courts 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

\* For identification purposes only

California, Minnesota, & Oklahoma Residents please note: In connection with your application for service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_