



Cornell University  
Cooperative Extension  
Orange County



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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. Please contact our office if you have any special needs.

# RE-ENROLLMENT

Volunteer Name (Please Print): \_\_\_\_\_

Primary Club: \_\_\_\_\_ **Are you Coordinating Leader?** Yes No

Additional Club(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Hispanic / Latino Yes No

Please check all that apply

White Black Asian American Native/Alaskan Native Native Hawaiian or Other Pacific Islander  
I prefer not to state

## Part 1: Code of Conduct

### 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 during all 4-H club meetings, events and activities.
- 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 4-H and CCE of Orange County.

## Part 2: Adult Consent/Assent

Through participation in Cornell Cooperative Extension and 4-H programs, you may be asked to complete a survey about their experiences in the program or activity. In the New York State 4-H Office at Cornell University, we regularly use data collected from these surveys for evaluation efforts designed to inform our programming and to provide better, more meaningful educational experiences in the future. Participation in the survey is anonymous, voluntary, and there is no impact on program participation if someone refuses to complete a survey.

## Part 3: Photo Release

By signing the reverse side of 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.

## Part 4: Motor Vehicle Record Request Permission Form

Only fill in this portion if you are planning to be a 4-H driver

### **A photo copy of your valid driver's license must accompany this form**

I, the undersigned, give authorization for P. W. Wood and Son, Inc. and Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record.

County Requesting Check: \_\_\_\_\_

**Please check one:**

Employee Consideration (IF HIRED: Please inform The Wood Office)

Current Employee Volunteer

Name as it Appears on License: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

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## **Form to be Returned to Undersigned — FOR OFFICE USE ONLY**

CCE AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ EMAIL ADDRESS (for results): \_\_\_\_\_

### **Part 5: Signature**

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, included in parts:

**#1 Code of Conduct, #2 Adult Consent/Assent, #3 Photo Release, #4 Motor Vehicle Record Request (if applicable), #5 Signature.**

**Active enrollment will not be acknowledged without signature and date completed below.**

Volunteer Signature: \_\_\_\_\_

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