



**Cornell University**  
Cooperative Extension

**Ulster County**  
**Volunteer Application**

**Directions:** Please type or print, using black ink. If you need additional space, attach a separate sheet.  
Remember to sign the completed application on the back. Thank you!

GENERAL				
Name (Last)		First	Middle	Today's Date
Mailing Address - Street			Daytime/Mobile Phone # ( )	Evening Phone # ( )
City	State	Zip Code	Email address	Birthdate if under 18
Have you volunteered for CCE before? If yes, please give dates, program, activities				
Yes _____			No _____	
Date (s) available?			Approximately when and how many hours per week would you like to volunteer?	
From		To		
VOLUNTEER POSITION: Please check the volunteer role (s) that interest you.				
<input type="checkbox"/> 4-H Mentor/Judge <input type="checkbox"/> Office Assistance (bulk mail preparation, labeling, reception area, etc.) <input type="checkbox"/> Clean-up/Set-up at the Ulster County Fair <input type="checkbox"/> Environment: invasive plant pulls at riparian buffer sites. (Must be able to navigate steep, uneven terrain and bend and pull!) <input type="checkbox"/> Events/ Fund Raising Activities (Previous experience preferred) <input type="checkbox"/> Master Gardener (Mandatory training and Hotline hours) <input type="checkbox"/> Presenter (Share a talent/skill with youth or adults) <input type="checkbox"/> Translator (List language (s) of fluency) <input type="checkbox"/> Other (Please specify)				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek				
Organization/Employer		Position/Activity		Dates

List any education, training, or experience you have which relates to the volunteer position you seek. Also tell us about your skills, hobbies, or interests, and relevant licenses, certifications, awards or citations that you have earned.

**Accommodations:** Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed for 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 2 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

**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 CCEUC 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 Ulster 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 that if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities, 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 \_\_\_\_\_