

Media Release Information

By initialing below, I consent and give permission to allow CCE the unlimited right to use photos, videos, direct quotes, and/or audio clips of me participating in Extension programs or events. I agree to give up my rights with regards to above. Further, by initialing this consent and release form, I acknowledge that I understand and agree to the above request and conditions.

Please initial: _____

Volunteer Agreement & Code of Conduct

I accept responsibility to represent CCE with dignity and pride, conducting myself as a positive role model for program participants, volunteers and staff.

1. I understand that CCE has 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, if I am unable to fulfill the commitment or Code of Conduct recognizing that if I receive significant training for the volunteer position that there is an expectation of volunteer service.
2. 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.
3. 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 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.
4. 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.
5. I will adhere to the following standards of behavior when engaged with Extension activities as a participant or volunteer.
 - Respect and adhere to all CCE rules, policies, and guidelines.
 - Execute CCE business in an ethical manner.
 - Preserve the confidentiality of information about CCE program participants, volunteers, staff and internal affairs that have been entrusted to me.
 - 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 Association 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 while conducting CCE business/service.
 - Commit no illegal or abusive act.
 - Report all unsafe conditions and accidents to professional Extension staff as soon as possible
6. This agreement is valid until it is terminated by CCE or by myself.

Please initial: _____

Accommodations: Please describe any accommodations you may need to help you serve:

References: List 2 people, **not related to you**, that we may contact, who have knowledge of your qualifications. Please provide complete contact information.

Name	Email	Phone#
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Background Check Authorization*

During the application process and at anytime during the tenure of my active volunteer service with Cornell Cooperative Extension Sullivan County (CCESC), I hereby authorize First Advantage Background Screening Corp. on behalf of CCESC to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. 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.

Background Checks will be repeated on a regular basis and I consent to the schedule: for the Criminal History File Check, MVR Check by PW Wood, NYS Sex Offenders Registry and the NYS Child Abuse Registry.

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

Applicant Full Name: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State of Issue: _____

Initial: _____

***Background check files are kept locked and are only accessible to CCESC Executive Director and HR Manager**

Confidentiality Agreement

The undersigned Volunteer of Cornell Cooperative Extension (“Extension”) has had and/or may have access to certain confidential information about program participants, volunteers or paid staff as a result of his/her service with Extension. The Volunteer acknowledges the private nature of the Confidential Information and agrees to keep same confidential as provided herein. As used herein, the term “Confidential Information” shall mean any and all financial information or other information about the program participants, other volunteers or paid staff gained by the Volunteer during his/her volunteer service or as designated as Confidential Information in a written or verbal directive given to the Volunteer or general written or verbal directives related to programming by Extension.

The Volunteer shall (1) treat the Confidential Information as confidential; (2) will not in any way disclose Confidential Information except as directed by Extension as part of the volunteer's responsibilities or unless under legal compulsion to do so, to any person or entity other than its representatives who require such information in connection with its business with Extension; and (3) will not use the Confidential Information for his/her own benefit or for purposes other than the furtherance of Extension and its business.

Upon request or direction by Extension or upon termination of volunteer service with Extension, the Volunteer will promptly deliver all Confidential Information in written or other media form (together with any and all copies or summaries the Volunteer may have created there from) to Extension.

The obligation of the Volunteer to maintain the confidentiality of the Confidential Information shall survive the termination of volunteer service of the Volunteer regardless of the reason or reasons for termination of volunteer service with Extension.

Please initial: _____

