



Cornell Cooperative Extension Putnam County
4-H LEADER ENROLLMENT FORM
OCTOBER 1, 2018 – SEPTEMBER 30, 2019

PART #1: DEMOGRAPHICS

Last Name: _____ First Name: _____ MI: _____

Gender: _____ Birth Date: ____/____/____ E-mail: _____

Years in 4-H: _____ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Address: _____ City/Town: _____

State: _____ Zip: _____ County of Residence: _____

Residence: _____ Farm _____ Rural/Town less than 10,000 _____ Town/City 10,000-50,000

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race: _____ White _____ Black _____ American Native/Alaskan Native

_____ Asian _____ Native Hawaiian _____ White and Black

_____ White and American Native/Alaskan Native _____ White and Asian

_____ Black and American Native/Alaskan Native _____ Other: _____

Does enrollee require accommodations for a disability? Yes OR No

If yes, please describe accommodations needed: _____

PART #2: ENROLLMENT TYPE

Enrollment Category: Leader OR Co-Leader OR Assistant Leader

Primary Club Name: _____

Secondary Club Name(s): _____

PART #3: PHOTO RELEASE

By signing 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. I sign this form freely and without inducement.

Please Circle: Yes OR No

PART #4: CLUB INFORMATION

Where does your club meet? _____

When and what time? _____

What is your primary focus? _____

Who is the primary leader contact for the club? _____

I would be comfortable with the following things listed online (please check):

- My Name
- My Phone Number
- My E-mail address

Emergency Contact Info: Name _____ Cell Phone _____ Other Phone _____

PART #4: 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.

- Create a welcoming and safe environment for all participants.
- 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. Follow Cornell Cooperative Extension Non-Discrimination Policy.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.
- Set the example for a gossip-free environment, speaking respectfully about fellow volunteers, CCE staff, and our participants.
- Resolve issues with others respectfully, consulting your CCE volunteer coordinator, when needed.
- Remember to keep all online and social media interactions about CCE or its programs, staff or volunteers positive and professional.

Failure to comply or participation in other inappropriate conduct as determined by CCEPC representatives (staff or "key" volunteer) may result in losing the privilege to attend CCEPC youth events/activities. Specifically, a volunteer may be asked to leave the event/activity and/or being banned from attending and participating in a specific and/or all CCEPC youth events/activities.

PART #5: 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 here.

Leader Signature: _____ **Date:** ____/____/____

PART #10: OFFICE USE ONLY

Date Received: ____/____/____ **Date Entered in Database:** ____/____/____

Late Fee Collected: YES OR NO CASH OR CHECK # _____

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE - ADULT
(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Putnam County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above 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.

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.

DATE(S) OF PROGRAM: _____

DESCRIPTION OF PROGRAM: _____

PARTICIPANT'S FULL NAME (print) _____

ADDRESS: _____

SIGNATURE: _____ TODAY'S DATE: _____

WITNESS: (PRINT) _____

SIGNATURE: _____