

## Volunteer Application

**Directions:** \*Type or print, using black ink  
 \*If you need additional space, attach a separate sheet  
 \*Sign the completed application

**Online background check registration will be emailed to you upon receipt of this application.**

GENERAL				
NAME (Last)		First	Middle	Today's Date
Mailing Address - Street			Daytime Phone # ( )	Evening Phone # ( )
City	State	Zip Code	Email address if any	Birthdate if under 18
<b>Have you ever volunteered for CCE before? If yes, give dates, program, position</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From		To	Approximately when and how many hours/week would you like to volunteer?	
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.				
<input type="checkbox"/> 4-H Leader <input type="checkbox"/> Master Gardener <input type="checkbox"/> Master Composter <input type="checkbox"/> Marketing the organization <input type="checkbox"/> Organizational Development (advising & assisting with programs.		<input type="checkbox"/> Organizing events/activities <input type="checkbox"/> Program development <input type="checkbox"/> Consumer Help Line <input type="checkbox"/> Resource development – fund raising <input type="checkbox"/> Other: (please specify) _____ _____ _____		
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek				
Organization/Employer		Position/Activity		Dates
Emergency Contact: Name:			Phone:	
Describe any education or training that you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.				

**Accommodations:** Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate in the activity.

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

## **Cornell Cooperative Extension Association Volunteer Agreement**

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

1. I agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation. **That document, including the Code of Conduct it contains, shall be considered a part of this agreement.**
2. I understand that 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 this agreement, recognizing that if I receive 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 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 Cornell Cooperative Extension 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 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.
7. This agreement is valid until it is terminated by CCE or by me.

(OVER)

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*For Staff only:* Provide one copy of this signed agreement to the CCE Association Volunteer. Retain original copy for a minimum of six years from the time of the CCE Volunteer’s departure. If volunteer worked with minors keep this agreement indefinitely.

## Cornell Cooperative Extension Association 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.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

**Signatures:** With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.

CCE Volunteer \_\_\_\_\_ Date \_\_\_\_\_

CCE Representative \_\_\_\_\_

Name Title

Date \_\_\_\_\_