



Genesee County 4-H Program

2020 - 2021 4-H Club Leader Enrollment Form



Thank you for your interest in volunteering for the Genesee County 4-H Program! Please return this completed form to the Genesee County Cornell Cooperative Extension Office.

420 East Main Street, Batavia, NY 14020 | (585) 343-3040 ext. 131 | genesee4h@cornell.edu

Personal Information:

First Name: _____ Last Name: _____

Preferred Name: _____

Member Email: _____

Second Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Phone Number: _____

Demographic Information:

Ethnicity: Are you of Hispanic or Latino ethnicity? YES NO

Race: White Black or African American American Indian or Alaskan Native Hawaiian & Pacific Islander
 Asian Prefer Not to State

Residence: Farm Town <10k and rural Town 10k-50k & suburbs Suburbs of City >50k Central City > 50k

Military Service of Family: No one in my family is serving I have a parent serving I have a sibling serving
 I have son/daughter serving Myself and/or my spouse is currently serving

Branch: _____ Active Reserve National Guard

2020 - 2021 4-H Participation:

Please list the 4-H Clubs, Committees, Project Areas and Activities you wish to volunteer for:

1. _____

2. _____

3. _____

4. _____

Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Genesee 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.

Cornell Cooperative Extension Association Photo and Image Release

Cornell Cooperative Extension of Genesee County (CCE) is granted permission to use and/or publish my or my child's photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release CCE and all persons acting under its permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

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.

Signature:

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, Photo and Image Release** and the **Volunteer Code of Conduct**.

Signature

Date

Acknowledgment of Risk, Waiver & Release - Adult
This form must be completed by all participants 18 years and older

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Genesee 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 AN ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: October 1, 2020—September 30, 2021

DESCRIPTION OF PROGRAM: Genesee County 4-H Program

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ SIGNATURE: _____

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of show.
F.O.R.M. Code 1501
2018 Edition

Cornell Cooperative Extension Genesee County

Volunteer Application

- Directions:**
- *Complete the application
 - *Save as a new file and print the completed application
 - *Sign the completed application (*original signature required*)

GENERAL			
NAME Last	First	Middle (Optional)	Today's Date
Mailing Address - Street		Daytime Phone # ()	Evening Phone # ()
City, State and Zip Code		Email address	Birthdate if under 18
Have you ever volunteered for CCE before? If yes, give dates, program, position <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/ Volunteer <input type="checkbox"/> Master Gardener <input type="checkbox"/> Leadership Genesee		<input type="checkbox"/> Ag in the Classroom <input type="checkbox"/> Buildings/Grounds <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	
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.

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

Reference 1: Name _____ **Daytime Phone #** _____

Email Address _____ **Mailing Address** _____

Relationship to you: _____

Reference 2: Name _____ **Daytime Phone #** _____

Email Address _____ **Mailing Address** _____

Relationship to you: _____

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 Genesee 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 Genesee County

420 East Main Street
Batavia, New York 14020-2599

Tel: 585-343-3040
Fax: 585-343-1275
E-Mail: genesee4h@cornell.edu
Web: genesee.cce.cornell.edu

BACKGROUND SCREENING AUTHORIZATION/CONSENT FOR VOLUNTEERS

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension Genesee County, I hereby authorize First Advantage Background Screening Corp. on behalf of Cornell Cooperative Extension Genesee County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. The source of any investigative consumer report will be First Advantage Background Screening Corp. (First Advantage), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. 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.

Applicant Legal Name (please print)

Signature

_____-_____-_____
Social Security Number *

Date of Birth*

Street Address

City, State, Zip

Phone

Date

* For identification purposes only

California, Minnesota, & Oklahoma Residents please note: In connection with your application for service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____ Street Address _____
City, State, Zip _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) can be reviewed at: http://staff.cce.cornell.edu/human_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf

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

California Notice:

You have the right under Section 1786.22 of the California Civil Code to find out from an investigative consumer reporting agency ("ICRA"), what is in the ICRA's file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

The ICRA will provide trained personnel to explain any information that is furnished to you and to explain any information that is coded.



Cornell Cooperative Extension of Genesee County Volunteer Position Description *Organizational Leader*

Title: Organizational Leader

Purpose of Position: The organizational is responsible for establishing and maintaining a club structure that supports 4-H Youth Development activities for 4-H age youth.

Responsibilities:

- Works with 4-H parents, club members, volunteers and 4-H Staff to plan an annual club calendar
- Plans, organizes and coordinates club meetings and events
- Coordinates at least six club meetings per 4-H calendar year
- Arranges for appropriate meeting facilities and follows CCE procedures
- Ensures that information about meetings, events, activities, other opportunities, and other updates are communicated to members, leaders, and parents in a timely manner
- Keeps 4-H Staff informed about club activities, special accomplishments, and problems
- Serves as an advisor to club officers
- Ensures that the club and its membership play an active and visible role in the community
- Ensures that club members, parents, and volunteers are aware of and follow CCE policies and emergency procedures

Anticipated Audience: Organizational Leaders will work with youth within the 4-H age, between the ages of 5-19. Much of the position involves unsupervised work with minors, and possible work with individuals with a disability.

Expected Results: It is expected that the 4-H club will maintain quality programming in an environment that promotes positive youth development. 4-H members will feel welcome to join 4-H and will experience learning, personal growth, and a sense of knowledge. Clubs will help serve the 4-H motto of "Making the Best Better."

Training and Support:

- Job Description
- New Leader Orientation
- Leader Information Meeting (beginning of 4-H Club Year)
- Teaching kits, resource materials, program books, and projects available for loan
- Peer support from other 4-H volunteers
- Printed material and other teaching aids from Cornell and other Land Grant Universities
- Staff support

Reporting:

- Completion of annual enrollment forms required

Building Strong and Vibrant New York Communities

Time Commitment: This varies depending on the individual club schedule. Recommended at least one 4-H club meeting per month. Approximate time commitment equal to twelve hours per month.

Qualifications:

- Knowledgeable of the Cornell Cooperative Extension mission and the 4-H Youth Development Program
- Enjoys working with youth
- Has an interest in youth development
- Relates and communicates effectively with a wide variety of people
- Is willing to work with other 4-H Volunteers and 4-H Staff
- Has effective organizational skills
- Willing to attend training programs
- Completes screening process

Requirements:

- Volunteer Enrollment Application
- Reference Check
- Criminal Background Check
- Department of Motor Vehicle (DMV) Check (if applicable)

Benefits:

- Enhance personal knowledge and leadership skills
- Builds friendships with 4-H members, their families, other volunteers and extension staff
- Derive satisfaction from helping youth to reach their full potential
- Derive satisfaction in seeing the program strengthen
- Opportunity for training and resume building

Mentor/Supervising Professional:

Name:

Title:

"I have read, understand, and agree to fulfill the purpose and responsibilities of this volunteer position. I am committing to involve individuals regardless of race, color, age, sex, religions, disability, or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I further understand and agree 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 also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Signature of Volunteer

Date

Signature of 4-H Professional

Date