

Cornell Cooperative Extension of Erie County

CommuniTree Steward Volunteer **RENEWAL** – 2021

Part I – All applicants must complete this part

Name _____

Address _____

E-mail address _____ Have you passed your 18th birthday? _____

Phone: home _____ work _____ cell _____

Emergency contact name and phone number: _____

Accommodations: Given the expectations and essential functions of the volunteer position for which you are applying (working outside with hand tools, uneven terrain, variable weather) describe any physical or health accommodations that may be needed.

Volunteer History: If you have ever been involuntarily terminated from a volunteer position please tell us when and why?

We may partner with other groups when implementing CommuniTree Steward projects. Please check the audience(s) you would prefer to work with most to implement tree care and planting projects.

- adults senior adults youth, grades: ___ K-2 ___ 3-5 ___ 6-8 ___ 9-12
 children or adults with disabilities ethnic or cultural all of the above none

Do you have an independent means of transportation? _____

Would you like your contact information included in a CommuniTree Steward directory? (nice for arranging rides, etc) _____

Part II - Publicity Release

I, the undersigned, hereby **Do consent and authorize,** **Do Not consent and authorize,**

The Use or Reproduction, by Cornell Cooperative Extension of Erie County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward, and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward, I certify that I am the Parent/Guardian authorized to sign this release.

Name of Participant (Print Name):

Name of Child/Ward (Print Name):

Name of Parent/Guardian (Print Name):

Signature of Participant, Parent or Guardian: _____

Date: _____

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