



To: Prospective Onondaga County 4-H Volunteer

Re: Volunteer Application Process

Welcome! We are pleased that you are interested in learning more about the Cornell Cooperative Extension 4-H Youth Development Program in Onondaga County and that you are considering becoming a volunteer.

The purpose of this letter is to explain the intent of our enrollment/application process. It is the responsibility of staff and volunteers to ensure that children and youth, who participate in programs, are provided with safe and caring environment in which they can learn and have fun. This process will also protect the integrity of the volunteer. With the increase in concern for the safety of youth most youth-serving organizations have instituted a screening process for volunteers. The quality and commitment of 4-H volunteers is impressive. In order to maintain the integrity of the program, Onondaga County has adopted a process for screening volunteers who work with 4-H.

CCE of Onondaga County requires all new 4-H volunteers to:

- Complete a NYS 4-H Leader/Volunteer Enrollment form
- Supply 3 reference names and their contact information
- Sign a Photo Release form
- Sign an Acknowledgement of Risk form
- Sign a Confidentiality Agreement for Volunteers form
- Sign a 4-H Volunteer Code of Conduct form
- Complete a DMV Background Check form
- Provide a photocopy of Driver's License-**Front Side only**
- Complete a Background Verification Disclosure
- Participate in the volunteer orientation meeting with a staff member or organizational leader as appropriate.
- As much as possible, arrange for at least two adult volunteers to work with each program where youth are in attendance.

Please complete the enclosed/attached forms and return them to us at your earliest convenience. We will notify you when the application process is complete. Thank you for participating in this process and helping to ensure a safe environment for all 4-H participants. I look forward to working with you.

Sincerely,

Cindy Albro  
4-H Program Leader  
[cla76@cornell.edu](mailto:cla76@cornell.edu) / 315-424-9485 Ext. 241





County: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>
<b>Preferred Name</b>	<b>Volunteer ID</b>
<b>Date of Birth</b>	<b>M.I</b>
<b>Email</b>	<b>Primary Phone</b> ( )
<b>Cell Phone</b>	<b>Work Phone</b>
<b>Mailing Address</b>	<b>Mailing Address 2</b>
<b>City</b>	<b>County (of residence)</b>
<b>State</b>	<b>Zip</b>
<b>Call at Work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Best Time to Call</b>
<b>Receive Email Newsletters</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>"I consent to receiving texts from CCE" My Cell Carrier is:</b>	
<b>My cell phone number is:</b>	

**4-H Info**

<b>Volunteer Type</b>	<input type="checkbox"/> Not specified	<input type="checkbox"/> Project	<input type="checkbox"/> General Activity	<input type="checkbox"/> Organizational Leader
<b>Interaction Type</b>	<input type="checkbox"/> Indirect Volunteer <input type="checkbox"/> Direct Volunteer			
<b>Enrollment Date</b>	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning			

**ES 237 Demographics:**

<b>Ethnicity</b>	<b>Are you of Hispanic ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race</b>	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State/combination
<b>Residence</b>	<input type="checkbox"/> Farm	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 & rural non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town /City 10,000-50,000 & suburbs	
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a spouse serving in the military
	<input type="checkbox"/> I have a child serving in the military	
<b>Branch Component</b>	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	



**FOR OFFICE USE ONLY**

**Enrollment Fee Paid?**     Yes  No                       Check  Cash                      Check #: \_\_\_\_\_

**MVR Check**                       Yes  No                      Date: \_\_\_\_\_

**Certification cleared?**     Yes  No                      Certification Cleared Date: \_\_\_\_\_

**Screened Leader?**             Yes  No                      Screened Leader Date: \_\_\_\_\_

**Forms**                               Code of Conduct

Acknowledgment of Risk

Photo Release

**Does the Volunteer have a disability?**     Yes  No                      Disability: \_\_\_\_\_                       Certified for online interaction with youth

**Has the Volunteer been active in other**    National \_\_\_\_\_                      States: \_\_\_\_\_                      Counties: \_\_\_\_\_

**Educational Focus**            Club(s): \_\_\_\_\_

Project Areas: \_\_\_\_\_

Activities: \_\_\_\_\_

Certifications: \_\_\_\_\_



**Cornell University  
Cooperative Extension**

**DEPARTMENT OF HUMAN RESOURCES  
BACKGROUND CHECK AUTHORIZATION FORM**

**ACKNOWLEDGMENT AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Association at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage Screening Service., 1100 Alderman Drive, Alpharetta, GA 30005, 1-800-845-6004, another outside organization acting on behalf of the Association, and/or the Association itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Association.

**California applicants or employees only:** By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Association whenever you have a right to receive such a copy under California law.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer please note:** If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your First Advantage service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for First Advantage to do so on your behalf.

**Consumer Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License\* # \_\_\_\_\_ State of Driver's License\* \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number\* \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria



Cornell University  
Cooperative Extension  
Onondaga County

## **DEPARTMENT OF MOTOR VEHICLE BACKGROUND CHECK AUTHORIZATION FORM**

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Is this individual an employee or a volunteer? *Please attach a copy of this individual's driver's license.* You must allow up to seven (7) days for the completion of the background check.

\_\_\_\_ **Employee**

\_\_\_\_ **Volunteer**

I, the undersigned, give authorization for **Cornell Cooperative Extension Onondaga County**, 6505 Collamer Road East Syracuse, NY and/or **P. W Wood & Son, Inc.**, 2333 N Triphammer Rd, Ste 501, Ithaca NY, 14850 to conduct a background check of my Motor Vehicle Driving Record (MVR).

I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. The information will only be used to verify my Motor Vehicle Driving Record.

### **PRINT OR TYPE ALL INFORMATION**

**Name (as it appears on license):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**State of License?:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee or Volunteer**

\_\_\_\_\_  
**Date**

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### **RESULTS TO BE RETURNED TO UNDERSIGNED**

**CCE Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**County:** \_\_\_\_\_



**ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE – Adult volunteer 2021-2022**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Onondaga County 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 can 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, their 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 - CCE of Onondaga 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.

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## Publicity Release 2021-2022

I \_\_\_\_\_ (please print name) approve the use or reproduction, by Cornell University Cooperative Extension Association of Onondaga County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward, my property, and/or me taken during any authorized Cornell University Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell University Cooperative Extension or SUNY ESF programs.

By not consenting or authorizing, I understand my involvement in Cornell University 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 4-H VOLUNTEER CODE OF CONDUCT 2021-2022

The purpose of the *Code of Conduct* is to clearly outline the expected behaviors of all members, leaders, and other volunteers associated with the 4-H Youth Development Program in Onondaga County. These standards have been established by the Youth, Families, & Community Committee and Cornell Cooperative Extension of Onondaga County (CCE) staff. The *Code of Conduct* will be shared with all leaders, volunteers, and members participating in 4-H events and activities. Procedures for establishing understanding of expectations, managing discipline, and consequences for inappropriate behavior are also outlined in this code of conduct. All volunteers are responsible for enforcing this code.

### Expected Behavior:

1. All participants are expected to be responsive to the reasonable requests of the adult in charge at the time given.
2. All participants are expected to participate in all of the planned programs, to be on time and follow through on assigned tasks/responsibilities in a manner that insures the safety, well-being, and quality of the educational experience for self and others.
3. All participants will act in a mature, responsible manner, recognizing they are role models for others and are representing themselves as well as the Onondaga County 4-H Program.
4. All participants will be dressed appropriately for the event. Dress will depend on the event. Information given prior to the event will state the type of clothing that is appropriate.
5. All participants will be considerate and courteous of all youth and adults and their property during travel, at group gatherings, and during free time.
6. All participants will respect the rights and opinions of others, even if they disagree, realizing that their customs may be different.
7. All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, or alcoholic beverages, firearms, and/or other weapons at all times (unless you are enrolled in a youth shooting sports program). These are strictly prohibited.
8. All participants are to refrain from romantic displays, sexual activities, and any form of harassment at 4-H events. These actions will not be allowed.
9. All participants will use social media and cell phones in an appropriate and respectful manner
10. Any form of unkind behavior or harassment will not be tolerated.

### Procedures for Sharing and Managing Expected Behavior:

1. At least once a year all youth and adult program participants, including parents and guardians, will receive a copy of the *4-H Code of Conduct*.
2. Prior to all overnight programs, an orientation will be conducted by the CCE Educator or adult in charge. The expected behavior and resulting consequences of misbehavior will be shared verbally and/or in writing at this time.
3. Trained adult chaperones will be assigned for all 4-H events. If the chaperone is not a CCE staff member, training for chaperones will be required and will include authority, responsibility, due process, guidelines, and emergency procedures.
4. A *4-H Code of Conduct* including agreed upon behavior expectations, consequences and financial commitment will be required to be signed by the youth (adult) participant and their parent/guardian at the beginning of their 4-H enrollment, or prior to the first event.

### Consequences of Inappropriate Behavior:

(Any of the following may be used, depending on the severity of the situation.)

1. In mild cases, a warning will be given.
2. Able to remain at the event, but possibly barred from future event(s).
3. A meeting with the Educator(s), Executive Director and volunteer to discuss the situation. The decision of the volunteer's status in Onondaga County 4-H may be made at this meeting.

\*By signing my name below, I have read and fully understand the "Code of Conduct" above, and will abide by them.

Name and Signature of 4-H Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFIDENTIALITY AGREEMENT VOLUNTEER 2021-2022**

The undersigned Volunteer of Cornell Cooperative Extension (Onondaga County) has had and/or will have access to certain confidential information relating to clients or program participants or Extension as a result of his/her volunteer service with Extension. The Volunteer acknowledges the confidential 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 client or program participant gained by the Volunteer during his/her volunteer service or designated as Confidential Information in a written directive given to the Volunteer or general written 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 volunteer 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.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year)

Cornell Cooperative Extension of Onondaga County

BY: \_\_\_\_\_  
CCE 4-H STAFF NAME

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
VOLUNTEER NAME

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## **CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants**

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### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than #100 people indoors and #200 people outdoors<sup>1</sup>.

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#### Acknowledgement of Risk

**I understand Cornell Cooperative Extension of Onondaga County (“CCE”) has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or any of my contacts will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By participating in CCE programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, CCE employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my contacts (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind), that I or my contacts may experience or incur in connection with my entering CCE or participation in CCE programming. On behalf of myself and on behalf of my heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless CCE, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the CCE, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Onondaga County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:

Date:

Signature:

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<sup>1</sup> <https://coronavirus.health.ny.gov/large-gatherings-and-quarantines>

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

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

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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 volunteers serving accept responsibility to represent CCE with dignity and pride serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

***To maintain a responsible relationship with Cornell Cooperative Extension, I will:***

- 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.
- 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.

***To maintain a respectful relationship with individuals encountered through volunteer activities, I will:***

- 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 including but not limited to sexual harassment or any form of harassment.

***To maintain a safe and healthful environment for program participants, volunteers will:***

- Follow child protection guidelines;
- Refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity or event under the influence of alcohol or controlled substances;
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people;
- Bring no firearm to any CCE program except when essential to purposes for the program;
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible;
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;
- Observe all state and federal laws with respect to power equipment and minors;
- Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witnessing, or aware of potential incidences

**-----Please sign on opposite side and submit -----**

### CCE Code of Conduct

**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 Code of Conduct.

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

CCE Supervising Staff Member Name \_\_\_\_\_

CCE Supervising Staff Member Title \_\_\_\_\_ Date \_\_\_\_\_

