



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

|  |   |
|--|---|
| Last Name  | First Name  |
| Preferred Name   | Volunteer ID  |
| Date of Birth  | M.I.  |
| Email  | Primary Phone ( )   |
| Cell Phone   | Work Phone  |
| Mailing Address  | Mailing Address 2   |
| City   | County (of residence)   |
| State  | Zip   |
| Call at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No             | Best Time to Call   |
| Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Gender Identity not listed<br><input type="checkbox"/> Prefer not to respond |

"I consent to receiving texts from CCE"  Yes  No My Cell Carrier is: \_\_\_\_\_

My cell phone number is: \_\_\_\_\_

4-H Info

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

ES 237 Demographics:

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

Emergency Contact Info: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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



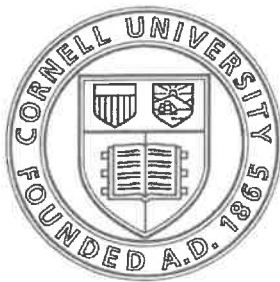
| Project Area                                  | 2020-2021 | 2021-2022 |
|---|-----------|-----------|
| Aerospace                                     |           |           |
| Ag in the Classroom                           |           |           |
| Agriculture Literacy                          |           |           |
| Animal Science                                |           |           |
| Animals                                       |           |           |
| Aquaculture                                   |           |           |
| Aquatic Science                               |           |           |
| Astronomy                                     |           |           |
| ATV Safety                                    |           |           |
| Beef Cattle                                   |           |           |
| Bicycle Safety                                |           |           |
| Birds and Poultry                             |           |           |
| Career Exploration and Employability          |           |           |
| Cats  |           |           |
| Child Development, Child Care,<br>Babysitting |           |           |
| Citizenship                                   |           |           |
| Civic Engagement                              |           |           |
| Clowning, Mime                                |           |           |
| Communication Arts                            |           |           |
| Communications and Expressive Arts            |           |           |
| Community / Volunteer Service                 |           |           |
| Community Service                             |           |           |
| Composting                                    |           |           |
| Computer Technology                           |           |           |
| Consumer and Family Science                   |           |           |
| Crops and Weeds                               |           |           |
| Culinary Skills/Food Preparation              |           |           |
| Cultural Education                            |           |           |
| Dairy Cattle                                  |           |           |
| Dance, Movement                               |           |           |
| Dogs  |           |           |
| Drama, Theater                                |           |           |
| Drawing, Painting, Sculpting                  |           |           |
| Earth, Water, and Air                         |           |           |
| Electric                                      |           |           |
| Energy  |           |           |
| Engines, Tractors, Field                      |           |           |
| Entomology and Bees                           |           |           |
| Entrepreneurship                              |           |           |

Please Check the box for the program year that you lead the project as a Volunteer leader or parent

| Project Area                             | 2020-2021 | 2021-2022 |
|--|-----------|-----------|
| Environmental Education / Earth Sciences |           |           |
| Environmental Stewardship                |           |           |
| Exploratory 4-H Projects                 |           |           |
| Fiber Science (Clothing and Textiles)    |           |           |
| Fitness and Sports                       |           |           |
| Flower Gardening and House Plants        |           |           |
| Food Preservation                        |           |           |
| Food Safety                              |           |           |
| Food Science                             |           |           |
| Forestry                                 |           |           |
| Forests and Wildlife                     |           |           |
| Gardens- Fruit, Vegetable                |           |           |
| Geology and Minerals                     |           |           |
| Goats                                    |           |           |
| GPS/GIS                                  |           |           |
| Graphic Arts, Displays, Exhibits         |           |           |
| Growth, Development, and Disease         |           |           |
| Health                                   |           |           |
| History                                  |           |           |
| Hobbies and Collections                  |           |           |
| Home Environment, Home Improvement       |           |           |
| Home Nursing, First Aid, CPR             |           |           |
| Horse, Pony                              |           |           |
| Incubation and Embryology                |           |           |
| Intergenerational Programming            |           |           |
| Junior Master Gardener                   |           |           |
| Leadership and Personal Development      |           |           |
| Leadership Skills Development            |           |           |
| Llama and Alpacas                        |           |           |
| Marine Science                           |           |           |
| Mathematics                              |           |           |
| Meat Animal Science                      |           |           |
| Mechanical Engineering & Industrial Arts |           |           |
| Mental and Emotional Health              |           |           |
| Music, Sound                             |           |           |
| Ornamental Horticulture                  |           |           |
| Other Emergency Preparedness             |           |           |

| Project Area                            | 2020-2021 | 2021-2022 |
|---|-----------|-----------|
| Other Fitness/Sports/Outdoor Activity   |           |           |
| Other Nutrition Activity                |           |           |
| Parenting and Family Life Education     |           |           |
| Pathways to Science through Nature      |           |           |
| Performing Arts                         |           |           |
| Personal Development                    |           |           |
| Personal Roles and Responsibilities     |           |           |
| Personal Safety                         |           |           |
| Photography, Video                      |           |           |
| Physical Health                         |           |           |
| Physical Sciences                       |           |           |
| Plant Science                           |           |           |
| Plants                                  |           |           |
| Poultry                                 |           |           |
| Problem Solving Skills                  |           |           |
| Public Presentations/Speaking/Radio/TV  |           |           |
| Rabbits, Cavies                         |           |           |
| Radio, TV                               |           |           |
| Range Science                           |           |           |
| Reading Literacy                        |           |           |
| Reading LiteracySelect                  |           |           |
| Recycling                               |           |           |
| Robotics                                |           |           |
| Science and Technology Literacy         |           |           |
| Service Learning                        |           |           |
| Sexual Health                           |           |           |
| Sheep                                   |           |           |
| Shooting Sports                         |           |           |
| Shooting Sports Archery                 |           |           |
| Shooting Sports BB                      |           |           |
| Shooting Sports Hunter Safety           |           |           |
| Shooting Sports Hunting/Wildlife        |           |           |
| Shooting Sports Muzzleloader            |           |           |
| Shooting Sports Pistol                  |           |           |
| Shooting Sports Rifle                   |           |           |
| Shooting Sports Shotgun                 |           |           |
| Shooting Sports Volunteer Training      |           |           |
| Small Animals, Pocket Pets, Lab Animals |           |           |

| Project Area                                    | 2020-2021 | 2021-2022 |
|---|-----------|-----------|
| Social Recreation Skills                        |           |           |
| Social-Emotional Wellness                       |           |           |
| Soils and Conservation                          |           |           |
| Spaces  |           |           |
| State Geospatial Science and Technology Project |           |           |
| Substance Use/Abuse Prevention                  |           |           |
| Sustainable and Renewable Energy                |           |           |
| Sustainable Polymers                            |           |           |
| Swine   |           |           |
| Technology and Engineering                      |           |           |
| Tractor and Machinery Safety                    |           |           |
| Veterinary Science                              |           |           |
| Visual Arts                                     |           |           |
| Volunteerism                                    |           |           |
| Waste Management                                |           |           |
| Water   |           |           |
| Weather and Climate                             |           |           |
| Wild Birds                                      |           |           |
| Wild Edibles                                    |           |           |
| Wildlife and Fisheries                          |           |           |
| Wood Sci and Ind Arts                           |           |           |



# Cornell University Cooperative Extension Franklin County Volunteer Application

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

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

**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.

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_ 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 is over one day or one date per year 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 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 Liz Caillard / Pat Bonker

CCE Supervising Staff Member Title 4H Educator Date 9/15/21

# Conducting Criminal and/or DMV History Check

## Criminal History Check

The criminal background check is **required** for all volunteers who volunteer for more than one day/date per year for Cornell Cooperative Extension other than Boards of Directors (unless Boards have agreed to the Criminal Background Check). Each individual must have completed the appropriate volunteer form or application and given consent for this check. There are options in how an association can do the check. *It is suggested that a CCE association contract with a vendor such as First Advantage.*

*Minimum criminal background check requirements are:*

- 1) Criminal background*
- 2) Sex offender registry*
- 3) Social security number trace or verification*
- 4) Motor vehicles driving records for volunteers who will be driving on behalf of Extension as part of their volunteer responsibilities.*

## Department of Motor Vehicle Check

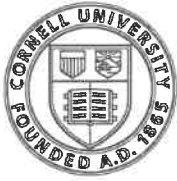
**Department of Motor Vehicle (DMV) Check:** The DMV check is **required only** for individuals applying for volunteer positions which requires driving *on behalf of CCE*, as part of scheduled program activity, or driving association-owned, leased or rented vehicles. The individual must have completed the appropriate volunteer form or application and a Motor Vehicle Record Request Permission Form found in the Attachment Section of FORM code 1501

[http://staff.cce.cornell.edu/cce\\_library/manuals/form/Code%201501\\_files/Code%201501.htm](http://staff.cce.cornell.edu/cce_library/manuals/form/Code%201501_files/Code%201501.htm).

There are options in how an association can do the check.

1. P.W..Wood & Son will conduct a DMV check for the pass through fee of \$5.00. Contact Karen Supek or Lisa? at the Wood Office at 607-266-3303.
2. The vendor *First Advantage* will conduct a DMV check for \$5.50. *Reports of DMV checks for CCE volunteers must be submitted to the Wood office by faxing to \_\_\_\_?*

Complete information on contracting with this First Advantage Volunteer Screening is available at <http://staff.cce.cornell.edu/orgdev/Pages/volunteer.aspx>.



Cornell University  
Cooperative Extension  
Franklin County

Franklin County  
Cooperative Extension Center  
355 West Main Street, Suite 150  
Malone, NY 12953

Tel: 518-483-7403  
Fax: 518-483-6214  
E-mail: [franklin@cornell.edu](mailto:franklin@cornell.edu)  
[franklin.cce.cornell.edu](http://franklin.cce.cornell.edu)

Volunteer Criminal Background Record Check Permission Form CCE-Franklin County

I, the undersigned, give authorization for Cornell Cooperative Extension Association of Franklin County to obtain a copy of my Criminal Record and any Sex Offender Registry. I state that I have provided my true Social Security Number to CCE – Franklin Cty. for their use to check my background. This authorization is good until revoked by me in writing. This information will only be used to verify my Criminal Record and registry. I have provided my Social Security Number on a separate page. I understand that my SSN will be checked against my name for verification.

This check does NOT cover driving for CCE – Franklin. There is a separate form if you are driving as a part of your volunteer responsibilities.

Name as it appears on Social Security Card:

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Name suffix: \_\_\_\_\_

Other Last names (ex. Maiden Name) \_\_\_\_\_

Current Address: Street # \_\_\_\_\_ Apt # \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature \_\_\_\_\_

*Building Strong and Vibrant New York Communities*

Cornell Cooperative Extension provides equal program and employment opportunities. NYS College of Agriculture and Life Sciences, NYS College of Human Ecology, and NYS College of Veterinary Medicine at Cornell University, Cooperative Extension associates, county governing bodies, and U.S. Department of Agriculture, cooperating.

**For use as background check only. Will be shredded after use.**

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

*Building Strong and Vibrant New York Communities*

Cornell Cooperative Extension provides equal program and employment opportunities. NYS College of Agriculture and Life Sciences, NYS College of Human Ecology, and NYS College of Veterinary Medicine at Cornell University, Cooperative Extension associates, county governing bodies, and U.S. Department of Agriculture, cooperating.

Dear Volunteer:

The Cornell Cooperative Extension Association Franklin County has a solid commitment to diversity, equal opportunity, and affirmative action in the development of its policies, programs, procedures, and practices. It provides the foundation from which we operate.

The Cornell Cooperative Extension Association of Franklin County is committed to:

- 1) Equal opportunity for all staff and volunteers;
- 2) The elimination of discrimination based on federal, state, and local protected statuses such as race, gender, nationality, religious beliefs, age, sexual orientation, veteran status, or disability; and
- 3) The values of diversity and inclusiveness in educational programs.

I am personally committed to supporting a positive and effective affirmative action policy in Cornell Cooperative Extension – Franklin County.

Please participate in our diversity survey to evaluate our success in reaching diverse audiences.

Sincerely,  
Jim Seeley  
Interim Executive Director

**Cornell Cooperative Extension Franklin County: Diversity Profile**

**Please return to:** Cornell Cooperative Extension Franklin County  
355 West Main Street, Suite 150 Malone, NY 12953  
(518) 483-7403

**Confidential and Voluntary**

**Interest Areas** (Please circle all that apply) Agriculture, Youth, Nutrition, Natural Resources,  
Community Development

**Are you on an Extension Committee?** (Please circle all that apply)

Board of Directors, Advisory Committee, Master Gardener, Master Forest Owner,  
Adirondack Harvest, 4-H Leaders Association, Building, Nominating

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Race: (Please check all that apply)**

\_\_\_\_\_ White \_\_\_\_\_ Native American  
\_\_\_\_\_ Black \_\_\_\_\_ Hawaiian / Pacific Island  
\_\_\_\_\_ Asian

**Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ **Citizenship** \_\_\_\_\_

**Additional information:**

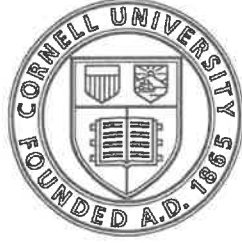
**Religion** \_\_\_\_\_ **Farm** \_\_\_\_\_

**Sexual Orientation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Veteran/Military Status** \_\_\_\_\_ **Education level** \_\_\_\_\_

**Disability** \_\_\_\_\_

**Income Range:** <\$20,000 \_\_\_\_\_ \$20-\$50,000 \_\_\_\_\_ >\$50,000 \_\_\_\_\_



# Cornell University Cooperative Extension Franklin County

## **DEPARTMENT OF HUMAN RESOURCES**

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### **VOLUNTEER CONFIDENTIALITY AGREEMENT**

The undersigned Volunteer of Cornell Cooperative Extension (“Extension”) 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 personally identifiable 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.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2021

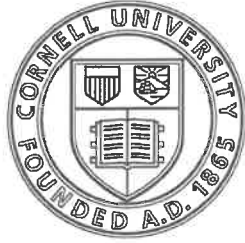
Cornell Cooperative Extension Association of Franklin County

---

*Volunteer Name (Print)*

---

*Volunteer Signature*



Cornell University  
Cooperative Extension  
Franklin County

---

**DEPARTMENT OF HUMAN RESOURCES**

**VOLUNTEER SEXUAL HARASSMENT  
PREVENTION TRAINING**

I have completed the following mandatory training as required by Cornell Cooperative Extension Administration and I understand the policies and procedures outlined in the training.

This training offered at <https://blogs.cornell.edu/ccevolunteertraining/required-training/> is to set forth a common understanding about what is and what is not acceptable in the CCE environment.

I have given certificate of completion to CCE Franklin HR (check box when complete)

---

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2021

Cornell Cooperative Extension Association of Franklin County

---

*Volunteer Name (Print)*

---

*Volunteer Signature*



## Photo and Image Release

Cornell Cooperative Extension of \_\_\_\_\_ 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.

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

Name of Child/Ward: (PRINT) \_\_\_\_\_

Name of Parent/Guardian: (PRINT) \_\_\_\_\_

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

*Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.*

**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 \_\_\_\_\_ 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) \_\_\_\_\_

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.**