

Name _____

Address _____
(Street/PO Box) (Town) (Zip)

Phone: _____ Email: _____

How do you know this person? _____

I authorize contact of listed references and verification of delinquency history. I release all parties contacted from all liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer.

Date _____

Signature _____

Part II – Applicant Profile: The information requested is used solely for placement and training purposes.

A. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?

B. List volunteer, paid or educational experiences that relate to the volunteer position you seek.

(Activity or Position)

(Organization or Employer) (Dates)

C. List any skills, hobbies, interests or languages spoken that might be helpful in your volunteer work.

D. What time commitment do you initially desire?

() 1 to 3 months () 3-6 months () 6-12 months () other _____

How much time can you commit on a regular basis? State hours per week or month. _____

When are you available? State days of week , times of day and months of year. _____

E. If the position you desire involves teaching or working with groups check the audience(s) you prefer.

() adults () senior adults () youth – grades ___ K-2 ___ 3-5 ___ 6-8 ___ 9-12

Please list your interests in working with special needs children, children or adults with disabilities, limited-resource families, or specific ethnic or cultural groups. _____

F. Do you have an independent and reliable means of transportation? _____

Cornell Cooperative Extension actively affirms equality of program and employment opportunities regardless of race, color, national origin, religion, disability, age, gender, sexual orientation or marital status.