



Genesee County 4-H Program

2023 - 2024 4-H Volunteer 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 ☐ Prefer Not to State

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

Residence: ☐ Farm ☐ Town <10k or Rural ☐ Town/Suburbs 10k-50k ☐ Suburbs >50k ☐ Central City > 50k

Family Member Military Service: ☐ No one in my family is serving ☐ I have a family member serving

☐ I am serving ☐ I have retired from the military

Branch: _____ ☐ Active ☐ Reserve ☐ National Guard

2023 - 2024 4-H Participation:

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

1. _____

2. _____

3. _____

4. _____

Volunteer Opportunities:

Please select any additional areas you wish to volunteer for:

☐ Public Presentations Evaluator/Judge

☐ County Fair Evaluator/Judge

☐ County Fair Volunteer

☐ Auction Program Volunteer

☐ Event Planning/Set Up

☐ Lead a Project/Activity

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 AND ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: October 1, 2023—September 30, 2024

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)
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

NOTICE – BACKGROUND INVESTIGATION

In connection with your volunteer or employment application with Cornell Cooperative Extension Genesee County (the “Company”), this notice is intended to inform you that a consumer report and/or investigative consumer report may be obtained on you from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks. Your report may be shared with the company you will be placed with.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and **First Choice Background Screening** – Phone: **888-222-6988 x7808**. For information about **First Choice Background Screening** privacy practices see www.firstchoicebackground.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Last Name _____ Suffix: _____ 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 _____
Email Address _____

Signature: _____ Date: _____

If you prefer to complete your background check online, through the company's secure website, please complete only the highlighted fields, sign, and return this authorization to our office. We will email you a secure link to complete your background check.

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



4-H Volunteer Position Description

Purpose of Position: The 4-H volunteer supports 4-H programming by assisting volunteers and staff in a certain project area and/or serving on a project advisory committee. It is their duty to aid in the development and programming of the different 4-H program areas.

Responsibilities:

- Works with 4-H staff and volunteers to develop and plan 4-H projects
- Works to strengthen 4-H projects/programs
- Keep up to date in project area and familiar with appropriate project resources
- Communicate with 4-H staff and volunteers
- Support CCE policies and programs
- Assist with 4-H activities at the county, regional or state level

Training and Support:

- Teaching kits, resource materials, program books, and projects available for loan
- Peer support from other 4-H volunteers
- Staff support

Time Commitment: Varies depending on the project area.

Qualifications:

- Knowledgeable about the 4-H youth development program
- 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

Requirements:

- Volunteer Enrollment Application, including 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
- Opportunity for training and resume building