



# 2023-2024 Niagara County 4-H & Cornell Cooperative Extension of Niagara ADULT Volunteer Application & Enrollment Form

Valid for 4-H Year October 1, 2023—September 30, 2024

*Adult Volunteers must re-enroll every year; NO enrollment fee required.*

*If any spaces below or sections are left blank, your enrollment will not be approved.*

*Adult volunteer enrollments cannot be approved until sexual harassment prevention video training is complete.*

## Personal Information

Name \_\_\_\_\_

Email: \_\_\_\_\_ Check One: ☐ First time enrolling OR ☐ Re-enrolling

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

What project areas do you (or your children) plan to be involved in? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

## Demographic Information

Ethnicity: Are you of Hispanic or Latino ethnicity? ☐ YES ☐ NO

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

Residence: ☐ Farm ☐ Rural non-farm/town under 10k ☐ Town 10k-50k ☐ Suburbs over 50k ☐ City over 50k

Do you or anyone in your immediate family serve in the military? ☐ Yes ☐ No

Branch: \_\_\_\_\_ ☐ Active ☐ Reserve ☐ National Guard

## Volunteer Data

Check any of the following positions that you are **currently and actively** volunteering with:

\_\_\_ Board of Directors \_\_\_ Program Committee ("PC") \_\_\_ 4-H Club Leader \_\_\_ CCE Office Volunteer

\_\_\_ Animal Science Leader \_\_\_ Member of this committee: \_\_\_\_\_

\_\_\_ Fair Volunteer \_\_\_ 4-H Project Volunteer \_\_\_ Other: \_\_\_\_\_

\_\_\_ None of the above; I am a "casual volunteer" who only plans to assist my club or animal program as needed

Please explain how you are **currently** volunteering with CCE or 4-H:

If you are NOT currently volunteering yet, how would you like to volunteer or help?

## 4-H Club or Individual Information ~ Check one:

\_\_\_ I am an Individual Member OR

\_\_\_ I am a member/volunteer (or my children are a member) of this club: \_\_\_\_\_

## Office Use Only

Date Entered \_\_\_\_\_ Background Check Emailed to Volunteer \_\_\_\_\_ DMV Check \_\_\_\_\_

Background Check Approved \_\_\_\_\_ Sexual Harassment Prevention Online Training Complete \_\_\_\_\_ Consent packet signed \_\_\_\_\_

**YOU WILL BE CONTACTED BY EMAIL IF YOU ARE DUE FOR A BACKGROUND CHECK**

**\*\*\*\*YOU WILL NOT BE ENROLLED as an approved volunteer until the sexual harassment training is completed and proof emailed to the 4-H office!!**



## **ANNUAL TRAINING REQUIREMENT FROM CORNELL UNIVERSITY**

CCE Sexual Harassment Prevention Training—Required Training for all enrolled 4-H adults and volunteers:

The purpose of this training is to set forth a common understanding about what is and what is not acceptable in the CCE environment. All volunteers are expected to:

- Watch a 10 minute online video (follow directions below)
- Confirm participation and understanding of expectations
- Communicate with your 4-H Staff about your participation (forward the e-mail confirmation that you receive)
- Forward the email confirmation to: [Niagara4H@cornell.edu](mailto:Niagara4H@cornell.edu)

To access video—Please visit [cceniagaracounty.org](http://cceniagaracounty.org) > 4-H Youth > Volunteer With 4-H > Scroll down on the page to find the link that says “Click Here” under “CCE Sexual Harassment Prevention Training for Volunteers” OR you may use the link found here: <http://cceniagaracounty.org/4-h-youth/volunteer-with-4-h>

## **ACKNOWLEDGEMENT OF RISK**

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 activi-

## **PHOTO RELEASE**

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement, on the last page.





## NYS 4-H Code of Conduct

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University's Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

**Ground Rules:** The following Ground Rules apply to all 4-H participants and volunteers. In addition to these expectations, CCE volunteers are accountable to additional expectations outlined in the CCE Volunteer Code of Conduct. Extension staff is accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

- 1. Create a Welcoming Environment for All.** Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
- 2. Bring Your Best Self.** Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others. Parents/volunteers should not yell or degrade others. Practice good sportsmanship.
- 3. Obey the Law.** Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlled substances.
- 4. Honor Diversity – Yours and Others'.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs.
- 5. Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable. Be considerate and courteous of all youth and adults and their property. 5A) Youth must stay in the designated dormitory lodging areas: boys may not be in girls' dormitory or lodging areas and girls may not be in boys' dormitory or lodging areas. 5B) Report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the NYS 4-H, Extension staff, and Event Coordinators as soon as possible.
- 6. Be a Team Player.** Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.
- 7. Participate Fully.** Participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!
- 8. Watch What You Wear.** Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don't wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.
- 9. Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities. Participant may remain at the event/activity, but may possibly be barred from a future event. Poor sportsmanlike conduct may result if being dismissed or barred from 4-H or event.

**Consequences:** Any of the following may be used, depending on severity of the situation: Participant will receive a verbal warning; possibly be barred from a future event and/or unable to participate any further; Participant may be asked to leave the event/activity. A meeting with the 4-H Educator(s), Executive Director, 4-H'er, parent/guardian, and/or volunteer to discuss the situation.

**Cornell Cooperative Extension Association Volunteer Agreement**

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Niagara County (hereinafter referred to as "CCE"). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

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.

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.

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.

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.

CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities. 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.

Background checks will be repeated on a regular basis; every year for the NYS Sex Offender Registry, every 3 years for the Criminal History File check or MVR check. The Volunteer Agreement and Code of Conduct will be reviewed every year.

I fully support the following statement. "Cornell Cooperative Extension in Niagara County provides equal program and employment opportunities."

This agreement is valid until it is terminated by CCE or by me.

PHOTO RELEASE: By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events.

I have read this entire document and by signing it I agree it to the above statements and I understand and accept the risks involved. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located. I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

**SIGNATURES**

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein, specifically including parts: Personal Information, Acknowledgement of Risk, Code of Conducts, Volunteer Agreement, Photo Release, and Signatures.

Volunteer Name Print: \_\_\_\_\_

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

