



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 <input type="checkbox"/> Gender Identity not listed <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"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State/combination
Residence	<input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Town /City 10,000-50,000 & suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
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 <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 <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: _____

**FOR OFFICE USE ONLY**

Enrollment Fee Paid? ☐ Yes ☐ No ☐ Check ☐ Cash Check #: _____
MVR Check ☐ Yes ☐ No Date: _____
Certification cleared? ☐ Yes ☐ No Certification Cleared Date: _____
Sexual Harassment Training ☐ Yes ☐ No Sexual Harassment Training 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 Educational Focus?

National _____

States: _____

Counties: _____

Club(s): _____

Project Areas: _____

Activities: _____

Certifications: _____



New York State 4-H Code of Conduct

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination. CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

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
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. Follow [Cornell Cooperative Extension Non-Discrimination Policy](#).
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.
 - a. 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.

- b. 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 stands of conduct at all 4-H activities.

Consequences

Any of the following may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may possibly be barred from a future event.
3. Participant may be asked to leave the event/activity. If a youth, the parent(s) will be called and the youth will be sent home at family's expense.

I have read and understand the above and will abide by the NYS 4-H Youth Development Code of Conduct.

_____ Signature of 4-H Youth or Adult	_____ Date
_____ Signature of Parent/Guardian (if youth)	_____ Date
4-H Program Year:	_____

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.