

Office Use: (Requirements)

- ◇ Sexual Harassment \_\_\_/\_\_\_
- ◇ Code Of Conduct
- ◇ AOR

# Steuben County Volunteer Enrollment Form

Mail To:

Cornell Cooperative Extension  
20 E Morris St  
Bath, NY 14810

CLUB: \_\_\_\_\_

Circle One:   G-Organizational Leader          P-Project Leader          A-Activity Leader

R-Resource Leader          S-Special/Chaperone

Circle One:          N-New Enrollment          R-Re-enrollment          Drop from Enrollment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Ethnicity (Circle all that applies):    White    Black    Native American    Pacific Islander  
    Asian    Other    Hispanic/Latino          Non-Hispanic/Latino

Residence (Circle One):    Farm          Rural Under 10,000          Urban 10,000-50,000

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_

Past Experience/Training: \_\_\_\_\_

Military:

- ◇ No one in my family is serving in the military
- ◇ I have a spouse serving in the military
- ◇ I have a child serving in the military

Branch:

- ◇ Air Force
- ◇ Army
- ◇ Coast Guard
- ◇ DOD Civilian
- ◇ Marines
- ◇ Navy
- ◇ Active Duty
- ◇ National Guard
- ◇ Reserves

I want Cornell Cooperative Extension to be aware of the following disability:

\_\_\_\_\_

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 \_\_\_\_\_ 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.**