



Oneida County 4-H Adult Volunteer Enrollment Form 23-24

Volunteer Information:

First Name:	Last Name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Not Listed <input type="checkbox"/>	Date of Birth:

Family 4-H Account Information:

Family Email:	Primary Phone: ()
Mailing Address:	
City, State, Zip Code:	

Emergency Contact Information:

First Name:	Last Name:
Mobile Phone: ()	

Volunteer Type: Club Leader Project Volunteer Parent Volunteer Casual Volunteer

Independent **Project/Activity** **Club:** _____

Demographics:

Ethnicity	Are you of Hispanic Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to state
Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer not to state
Residence	<input type="checkbox"/> Farm (Rural area where agricultural products are sold) <input type="checkbox"/> Town Under 10,000 & Rural– Non-Farm <input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000 <input type="checkbox"/> City or Suburb More than 50,000 <input type="checkbox"/> City– Central, 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 in the military <input type="checkbox"/> I am serving in the military <input type="checkbox"/> I have a son/daughter serving in the military <input type="checkbox"/> I have a sibling serving in the military
Branch	<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

This form must be completed to participate in 4-H clubs and related activities...

PART 1: 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 during all 4-H club meetings events and activities
- ◆ Commit no illegal or abusive act
- ◆ Report all unsafe conditions and accidents to professional Extension staff as soon as possible
- ◆ Dress in a manner that reflects a positive image of 4-H and CCE of Oneida County

PART 2: VOLUNTEER AGREEMENT

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

PART 3: PHOTO RELEASE

Please check **YES** or **NO** to the following: Cornell University is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image or any other media) for educational purposes on their respective websites or for the promotion of their respective programs. 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 Cornell Cooperative Extension, Cornell University, and all persons acting under their 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.

YES

NO

PART 4: ACKNOWLEDGEMENT OF RISK, WAIVER & RELEASE

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Oneida 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.

PART 5: 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, acknowledgments and agreements included in parts: #1. Code of Conduct; #2. Volunteer Agreement; #3. Photo Release; #4. Acknowledgement of Risk & #5. Signatures.

Active enrollment will not be acknowledged without signature and date completed below

Volunteer Signature: _____

Date: _____

As a 4-H Volunteer I understand I am REQUIRED to:

_____ Provide 2 Reference Check Reports (Once)

_____ Complete Annual Sexual Harassment Training (Yearly) ****

_____ Background Check (Every 3 Years) ****

****Link will be emailed as application is processed.

Email: _____

_____ DMV Check (Optional every 3 Years)

ENROLLMENT FEE is \$10 NON-REFUNDABLE

<u>Payment</u>	Check	PayPal
Amount: _____		

REMEMBER to Check your email for an email with a link to the ANNUAL Sexual Harassment Training and Background Check Site.



Reference Check #1:

Applicant Name: _____

Name of Reference: _____

Volunteer Position desired (please checkbox) :

Club Leader Parent Volunteer 4-H Volunteer

1. How long have you known this person? _____

2. Do you think the applicant would do well as a Cornell Cooperative Extension 4-H Volunteer? Please explain why or why not. ___ Yes ___ No

3. How would you describe this person's personal characteristic? (ex: qualities such as dependable, flexible, judgment or sense of responsibility.)

4. Is this person able to work well with others and various age groups?

_____ Yes _____ No

5. Would you be willing to place a child or vulnerable adult whom you were responsible for under this person's leadership? ___ Yes ___ No If not, please explain.

Thank you for your candid opinion. Be assured that all your comments will be held in strictest confidence to the fullest extent permitted by law.

Signature: _____ Date: _____



Reference Check #2:

Applicant Name: _____

Name of Reference: _____

Volunteer Position desired (please checkbox) :

- Club Leader
- Parent Volunteer
- 4-H Volunteer

1. How long have you known this person? _____

2. Do you think the applicant would do well as a Cornell Cooperative Extension 4-H Volunteer? Please explain why or why not. ___ Yes ___ No

3. How would you describe this person’s personal characteristic? (ex: qualities such as dependable, flexible, judgment or sense of responsibility.)

4. Is this person able to work well with others and various age groups?
 ___ Yes ___ No

5. Would you be willing to place a child or vulnerable adult whom you were responsible for under this person’s leadership? ___ Yes ___ No If not, please explain.

Thank you for your candid opinion. Be assured that all your comments will be held in strictest confidence to the fullest extent permitted by law.

Signature: _____ Date: _____

In Oneida County, the club program is our primary delivery method, but we also offer many county-wide, short-term programs, school-based, after-school, and special interest programs. Parents/Guardians who do not complete the full enrollment process (i.e. Background Check), should know that their child(ren) can participate in club meetings and events, but they themselves cannot.

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of those involved in the programs we offer, but it also provides liability coverage.

Enclosed you will find all the required paperwork. Completed enrollment paperwork should be mailed to the 4-H Office at the address below.

Cornell Cooperative Extension Oneida County

Attn: Casey Holbert

121 Second Street

Oriskany, NY 13424

Please submit paperwork in a sealed envelope due to the confidential information contained within.

There is \$10 enrollment fee per an enrolled adult volunteer. This helps defray the cost of the mandatory background checks, motor vehicle records and insurance. Checks Payable: CCE Oneida

Youth and adults who are unable to pay the fee will not be prohibited from participating in the 4-H program. Please contact Lisa Farney, the 4-H Youth Development Team Leader to address this matter.

Once your enrollment paperwork is PROCESSED, you will receive an email with a copy of your 4-H membership card. Please keep this card on hand for events and club meetings.