

# Cornell Cooperative Extension Madison County

100 Eaton Street, PO Box 1209  
Morrisville, NY 13408  
315 . 684 . 3001 (Office)  
<https://madison.cce.cornell.edu/>



## Application Form

# VOLUNTEER ENROLLMENT



### GENERAL INFORMATION

Full Name

:

Phone No

:

Date Of Birth

:

D

D

M

M

Y

Y

Full Address

:

\*\*\* Email

:

Zip Code

:

(Needed for background check)

Driver License #

:

County

:

Gender

:

(optional)

Pronouns

:

(optional)

Ethnicity

:

(optional)

HISPANIC

NON-HISPANIC

Race

:

(optional, please check all that apply)

WHITE/CAUCASIAN

ASIAN

BLACK/AFRICAN AMERICAN

NATIVE AMERICAN/ALASKAN NATIVE

HAWAIIAN NATIVE/PACIFIC ISLANDER

PREFER NOT TO SAY

Emergency Contact

:

Phone No

:

Relationship

:

DO YOU HAVE AN INDEPENDENT AND RELIABLE MEANS OF TRANSPORTATION TO AND FROM VOLUNTEER ACTIVITIES?

Transportation

:

YES

NO



### VOLUNTEER PROGRAM(S) OF INTEREST

Board of Directors

4-H / PYD

Program Advisory Committee (PAC)

Agriculture

TCE Program

Climate Stewards

Fundraising & Resource Development

Master Gardener

Event/Activity Organization and/or Marketing

If other, what program?



VOLUNTEER QUESTIONNAIRE

Have you ever volunteered for CCE before?  
*If yes, please give dates, program, position.*

Approximately how many hours/month would you like to volunteer?

With which age group do you prefer to work? Youth or Adults?

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.

Describe any education or training that you have had related to the volunteer work you seek. Also, describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interested you consider relevant.

What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE Volunteer?

Have you ever been convicted of a criminal offense other than a minor traffic violation?

YES

NO

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 which you have expressed interest.

IF YES, DATE(S) :



ADDITIONAL QUESTIONS

Residence :  
(optional)

FARM

TOWN UNDER 10,000 &  
RURAL NON-FARM

TOWN /CITY 10,000 TO  
50,000 & SUBURBAN

SUBURB OF CITY  
MORE THAN 50,000

CENTRAL CITY  
MORE THAN 50,000

Military :  
(optional)

I AM A VETERAN

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 Component :  
(optional)

(Air Force, Army, Coast  
Guard, DOD Civilian,  
Marines, Navy, Active  
Duty, National Guard,  
Reserves)



## PHOTO RELEASE

By signing this form, I consent and give my 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.

I consent :

☐

YES

☐

NO

Date :

Signature :



## VOLUNTEER AGREEMENT

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 Madison 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 is over one day or one date per year 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 :



## REFERENCES

Please list two (2) people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete email address and phone number.

Name :

Phone :

Email :

Name :

Phone :

Email :



## VOLUNTEER CODE OF CONDUCT

Cornell Cooperative Extension volunteers serving accept responsibility to represent CCE with dignity and pride serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

***To maintain a responsible relationship with Cornell Cooperative Extension, I will:***

- 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.
- 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.

***To maintain a respectful relationship with individuals encountered through volunteer activities, I will:***

- 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 including but not limited to sexual harassment or any form of harassment.

***To maintain a safe and healthful environment for program participants, volunteers will:***

- Follow child protection guidelines;
- Refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity or event under the influence of alcohol or controlled substances;
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people;
- Bring no firearm to any CCE program except when essential to purposes for the program;
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible;
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;
- Observe all state and federal laws with respect to power equipment and minors;
- Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witnessing, or aware of potential incidences.

**Signatures:** 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 Code of Conduct.

Volunteer  
Signature :

Date :

Supervising  
Staff Member :

Date :

Executive  
Director :

Date :



ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE

I, [redacted] the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Madison 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 eighteen (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 AN ACCEPT ALL THE RISKS INVOLVED.

Participants Full Name (print) : [redacted]

Participants Date of Birth : [redacted]

Participants Address : [redacted]

Signature : [redacted] Date : [redacted]

Witness : [redacted] Signature : [redacted]

(Must be CCE Employee)



## CONTACT INFORMATION

100 Eaton Street, PO Box 1209, Morrisville, NY 13408

315 . 684 . 3001 (Office)

315 . 684 . 9290 (Fax)

madison@cornell.edu (Email)

[www.ccemadison.org](http://www.ccemadison.org)



Once you have turned this packet in to CCE Madison,  
please be on the look out for an email from  
*First Advantage Background Direct*  
to begin the background check process.

Please complete this process as soon as possible.  
Once this is complete we can finalize your volunteer  
opportunities at CCE Madison and get you started!