

# 2025-2026 CATTARAUGUS COUNTY 4-H VOLUNTEER ENROLLMENT FORM



RE-ENROLLMENT DUE DECEMBER 15TH  
NEW ENROLLMENT DUE MAY 1ST

☐ New Volunteer Enrollment ☐ Re-Enrollment ☐ My information is the same as my 2024-2025 enrollment

## All enrollments, please complete the following

Name (Last, First, MI):		
Address :		
Town:	State:	Zip Code:
Phone :	Email:	
Shirt Size:	Birthdate MM/DD/YYYY:	

## Emergency Contact Information

Name :	Relationship to member:
Phone :	Email:

## Demographics & Military Service – circle all that apply

Male Female Prefer Not to State	Hispanic or Latino Non-Hispanic or Latino Prefer Not to State	I am serving I have a parent who is serving/retired I have a sibling who is serving/retired No one in my family is serving/retired		
Farm Town/Rural Town/Suburb City	White/Caucasian Black/African American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander Other Prefer Not to State	Air Force Army Navy Marines	Coast Guard Space Force DOD Citizen N/A	Active Duty National Guard Reserves N/A

**All enrollments continue to page 2**

### Office Use Only

**Most Recent Background Check Date:**

**Most Recent Motor Vehicle Check Date:**

**Most Recent Sexual Harassment Training Date:**

**Re-Enrolling Volunteer – please complete all areas that apply to you.  
Leave blank if you are no longer participating in those areas.**

Club Name:

- ☐ I am a club leader      ☐ I help out with club activities, but not as the club leader

Program Committee:

- ☐ I am a species chair      ☐ I help out with certain species, but not as a lead volunteer

Other Interests:

**Continue to page 3 if you would like to serve on a program committee, otherwise skip to page 4**

**New Volunteers – please select all that interest you**

- ☐ Starting a 4-H Club
- ☐ Program Committee
- ☐ Dairy (meet quarterly/as needed)
- ☐ Horse (meet monthly/as needed)
- ☐ Livestock (meet monthly/as needed)
- ☐ Family Consumer Sciences (meet every other month/as needed)
- ☐ Dog Obedience
- ☐ Contests – dairy/horse/livestock judging, hippology, skillathon, FACS,  
poultry science/avian bowl, fashion/textiles revue, etc.
- ☐ General – presentation judge, workshop/clinic help, county/state fair, office help, etc.
- ☐ Ag Literacy Week
- ☐ Not sure/would like to learn more

Other Interests:

**Continue to page 3 if you would like to serve on a program committee, otherwise skip to page 4**

To be completed by any volunteer (new or re-enrolling) interested in serving on a program committee. Please keep in mind, not everyone who completes the application will serve on a committee. In the event that your application is denied, 4-H Staff will reach out to discuss other opportunities. **\*An incomplete application, including skipped questions or incomplete sentences will not be considered.**

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**Application to Serve on a Program Committee**

Indicate the committee(s) you are interested serving on:

Why would you be a good fit for this committee:

What are your strengths that you can provide to the committee to uphold the 4-H motto, "To Make the Best Better":

With the understanding of the 4-H program in our county, as well as other responsibilities you have, please describe the level of commitment you would be able to offer this committee:

As a volunteer, what goals (short or long term) do you have for our 4-H program:

## All Volunteers – Required Screenings

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

☐ No

☐ Yes

If yes, please list specific date(s):

*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 for which you have expressed an interest.*

I affirm that the statements made on this document are true. I understand that misrepresentation or omission of facts requested is cause for my removal as a Cornell Cooperative Extension volunteer. I authorize Cornell Cooperative Extension of Cattaraugus County to obtain from all persons; documents and/or other information relative to my suitability to perform the duties of the volunteer position. I understand, if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities 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 enrolling (or re-enrolling) is without compensation or benefits of any kind. I further understand that the provisions of this document do not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that in this volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for not 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.

Printed Name:

Signature:

Today's Date:

## Background Checks

All Cornell Cooperative Extension Volunteers are required to pass a background check if volunteering more than 1 calendar day in a year. Background checks are good for three years. 4-H Staff keeps record of returning volunteers and will reach out when an updated one is necessary.

## Motor Vehicle Record Request

If you as the volunteer are transporting others or CCE equipment in your personal vehicle and/or CCE vehicles, you will be asked to complete a Motor Vehicle Record (MVR) request permission form.

## All Volunteers – Review 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.
- Commit no illegal or abusive act.

## All Volunteers – Review Photo Release – Signature Required

Personal information is used within the 4-H Program only. Cornell Cooperative Extension of Cattaraugus County does not reveal any names, addresses, or telephone numbers as part of public record or list.

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY IN REGARDS TO PHOTO RELEASE. IF YOU AGREE, PLEASE SIGN BELOW.**

Cornell Cooperative Extension of Cattaraugus County is granted permission to use and/or publish my photograph or image (including audio, film, digital image, or any other media) for educational programs, websites or promotion of Extension programs.

Printed Name:

Signature:

Today's Date:

**Continue to page 6**

## All Volunteers – Review Volunteer Agreement – Signature Required

*We are pleased you have shown interest in volunteering with Cornell Cooperative Extension Association of Cattaraugus County (hereinafter referred to as "CCE"). Please review the Volunteer Agreement outlined below and complete required signatures to complete your enrollment.*

1. I agree that as a CCE volunteer my participation in the activities outlined is without monetary or other compensation. That document, including the Code of Conduct it Contains, shall be considered part of this agreement.
2. 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.
3. 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.
4. 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.
5. CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
6. 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.
7. This agreement is valid until it is terminated by CCE or by me.

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 Volunteer Agreement and the Code of Conduct.

Printed Name:

Signature:

Today's Date:

**Please make sure you have reviewed all documents and signed where required**

CCE Representative & Title:

Signature:

Today's Date: