



Cornell University Cooperative Extension

_____ County Volunteer Application

- Directions:**
- *Type or print, using black ink
 - *If you need additional space, attach a separate sheet
 - *Sign the completed application

GENERAL				
NAME (Last)		First	Middle	Today's Date
Mailing Address - Street			Daytime Phone # ()	Evening Phone # ()
City	State	ZipCode	Email address if any	Birthdate if under 18
Have you ever volunteered for CCE before? If yes, give dates, program, position <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From To			Approximately when and how many hours/week would you like to volunteer?	
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.				
<input type="checkbox"/> 4-H Leader <input type="checkbox"/> Master Gardener <input type="checkbox"/> Master Composter <input type="checkbox"/> Marketing the organization <input type="checkbox"/> Organizational Development (advising & assisting with programs.			<input type="checkbox"/> Organizing events/activities <input type="checkbox"/> Program development <input type="checkbox"/> Consumer Help Line <input type="checkbox"/> Resource development – fund raising <input type="checkbox"/> Other: (please specify) _____ _____	
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek				
Organization/Employer		Position/Activity		Dates
Describe any education or training that you have had related to volunteer you seek. Also describe any special skills, experiences or interests along with hobbies, licenses, certifications, or other interests you consider relevant.				

Accommodations: 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.

Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities? _____ Yes _____ No

REFERENCES: List 2 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

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

_____ No _____ Yes (If yes) Date(s) _____

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 for which you have expressed an interest.

Do you possess a valid NYS Driver's License? _____ Yes _____ No

NOTE: If the volunteer position you seek requires the transportation of others in your personal vehicle or use _____ of CCE Association vehicles, you will be asked to complete a motor vehicle record request permission form.

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 _____ 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 _____

Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Ontario County (hereinafter referred to as “CCE”). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

1. 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.**
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. 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.

For Staff only: Provide one copy of this signed agreement to the CCE Association Volunteer. Retain original copy for a minimum of six years from the time of the CCE Volunteer’s departure. If volunteer worked with minors keep this agreement indefinitely.

Cornell Cooperative Extension Association

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

-----Please sign on opposite side and submit -----

CCE Code of Conduct

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.

CCE Volunteer Name _____ Date _____

CCE Supervising Staff Member Name _____

CCE Supervising Staff Member Title _____ 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 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 AND ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: _____

DESCRIPTION OF PROGRAM: _____

PARTICIPANT'S FULL NAME: _____

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.

**Cornell Cooperative Extension
Ontario County**

480 North Main Street
Canandaigua, NY 14424-1049
t. 585-394-3977
f. 585-394-0377
ontario@cornell.edu
www.cceontario.org

**KEEP THIS SHEET FOR FILLING OUT YOUR BACKGROUND SCREENING
WITH FIRST CHOICE**

Background Check Information with First Choice

Thank you for applying to be a Volunteer with Cornell Cooperative Extension of Ontario County (CCE). Part of the CCE Volunteer application process is to complete a Background Screening through First Choice.

On the attached form, fill in your name and email. Submit it with your volunteer paperwork. A member of our CCE Staff will submit that information to First Choice. **You will receive an email from crs@firstchoicebackground.com** to initiate the background screening process. You will be asked to input your name, social security number, date of birth, address, and phone number into their secure applicant portal. You will also electronically sign all the forms at that time. **You will need to click on the email and fill it out within 48 hours.**

Required fields are noted with an asterisk (*); all other fields are optional. Please review all entered information.

On the Authorization page, you will enter either the last 4 digits of your SSN or you can create a User Pin of your choosing; please ensure to select something you will remember as you will need this information to access your Applicant Portal later in the process.

Once you click **Submit**, you will be brought to a **confirmation** page where you will be given a confirmation number.

If you have questions on completing the background screening, contact Amelia DeVolder, 4-H/ Parenting Administrative Assistant or call 585-394-3977 Ext 408.

**Cornell Cooperative Extension
Ontario County**

480 North Main Street
Canandaigua, NY 14424-1049
t. 585-394-3977
f. 585-394-0377
ontario@cornell.edu
www.cceontario.org

RETURN WITH YOUR PAPERWORK

BACKGROUND CHECK INFORMATION WITH FIRST CHOICE

Name: _____

Email: _____

☐

****please check this box if you give consent to receive text messages for invites and disclosures.**

Mobile Number: _____

Building Strong and Vibrant New York Communities

"Cornell Cooperative Extension is an employer and educator recognized for providing equal program and employment opportunities in accordance with applicable laws."