



## 4-H Volunteer/Leader Enrollment Form Westchester County



Date: \_\_\_\_\_

First Name:	Last Name
Email address:	Primary Phone Number:
Mailing Address:	
City, State, Zip Code:	
<b>Emergency Contact Information</b>	
First Name:	Last Name;
Mobile Phone:	
<b>Volunteer Type:</b> <input type="checkbox"/> Club Leader <input type="checkbox"/> Project Leader <input type="checkbox"/> Parent Volunteer <input type="checkbox"/> Casual Volunteer	
<b>Club:</b>	<b>Project/Activity:</b>
<b>Demographics</b>	
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
<b>Race</b>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or Africa American <input type="checkbox"/> Asian <input type="checkbox"/> American Native/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<b>Residence</b>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or Africa American <input type="checkbox"/> Asian <input type="checkbox"/> American Native/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<b>Military</b>	<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
<b>Branch</b>	<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"/> Army <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves
<b>Do you require accomodations for a disability (yes/no) _____ If yes, describe accomodations needed:</b>	

### PHOTO RELEASE

Cornell Cooperative Extension Westchester County (CCE) is granted permission to use and/or publish my or my child's photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.

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 CCE and all persons acting under its 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.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

**Please check one:**

☐ YES

☐ NO

**REFERENCES**

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

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**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?**

☐ No.

☐ Yes, fill out form on next pages



**Cornell University**  
**Cooperative Extension**

### **Motor Vehicle Record Request Permission Form**

I, the undersigned, give authorization for License Event Notification System (LENS), P. W. Wood and Son, Inc. or Intelli, on behalf of Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record, establish my eligibility to use company vehicles and/or transport program participants, and to monitor my driving record for possible issues that would make me ineligible to continue to perform these functions.

In order to fulfill our organizational purpose to educate NYS residents, LENS data will be used for a public purpose to allow CCE to maintain Public Safety and protect NYS residents and others on the roadways. LENS will send notification about the following events when they post to a drivers' license record:

- accidents (reportable)
- convictions
- expirations
- HazMat (Hazardous Material) endorsement changes
- MedCert (Medical Certification) status changes
- Point and Insurance Reduction Program completions
- license status changes
- suspensions and revocations

#### **\* PRINT OR TYPE ALL INFORMATION**

**Check one:**

- ☐ **Applicant (IF HIRED: Please inform The Wood Office)**
- ☐ **Current Employee**
- ☐ **Volunteer**

**Name (as it appears on license):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**State of License:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Please check one:

☐ Yes

☐ No

## ADULT CODE OF CONDUCT

Cornell Cooperative Extension Westchester County (CCEWC) 4-H Club Leaders (of youth involved with CCEWC programs) are expected to accept and adhere to the following standards of behavior when working with and guiding children engaged in CCEWC Youth Development Program activities as stated here.

As a CCEWC 4-H Leader I will:

- ❖ Respect and adhere to CCEWC rules, policies and guidelines that relate to specific CCEWC Youth Programs. Conduct myself in an ethical manner.
- ❖ Model kindness and compassion for others. Recognize that all young people have skills and talents that can be used to help others and improve the community.
- ❖ Teach and model fair-mindedness by being open to ideas, suggestions and opinions of others. This includes the final opinions of judges/evaluators for all Youth Programs.
- ❖ Fulfill my duties, including completion of required records or reports, in a timely manner.
- ❖ Work cooperatively with CCEWC Extension staff and volunteers.
- ❖ Avoid and prevent put-downs, insults, name-calling, yelling and other verbal and non-verbal conduct as well as written items (including social networking, Internet, etc.) likely to offend, hurt or set a bad example.
- ❖ Be responsible for my behavior, exhibit good sportsmanship, use appropriate language and uphold exemplary standards of conduct at all CCEWC youth activities
- ❖ Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCEWC programs recognizing that people's values, beliefs, customs, and strengths differ.
- ❖ Respect individuals of diverse backgrounds, cultures, and perspectives.
- ❖ Not possess, sell, offer, consume or use alcohol and/or controlled substances at CCEWC youth events/ activities, or attend CCEWC youth activities under the influence of alcohol and/or controlled substances.
- ❖ Model the importance of obeying the laws and rules as an obligation of citizenship and commit no illegal or abusive act.
- ❖ Provide a safe environment, not carelessly or intentionally harming youth or adults in any way: verbally, mentally, or physically. Set an example for a gossip-free environment, speaking respectfully about fellow volunteers, CCE staff, and our participants.
- ❖ 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.
- ❖ Participate in required training programs and use the recommended policies and procedures.
- ❖ Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

- ❖ Resolve issues with others respectfully, consulting with your CCE staff or CCE Executive Director when needed. Remember to keep all online and social media interactions about CCE or its programs, staff or volunteers positive and professional.



## **ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

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

*This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.*

### **CORNELL COOPERATIVE EXTENSION - VOLUNTEERS AND PROGRAM PARTICIPANTS**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than # (50 as of 7/7).

### **ACKNOWLEDGEMENT OF RISK**

**I understand Cornell Cooperative Extension of Westchester** has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Ulster County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

### **ACKNOWLEDGEMENT OF RISK**

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.

## **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, acknowledgements and agreements herein.

- ☐ Photo Release
- ☐ Code of Conduct
- ☐ Assumption of the risk and waiver of liability relating to coronavirus/covid-19
- ☐ Acknowledgement of Risk

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## First Advantage Authorization Form

During the application process and at any time during the tenure of my volunteer or paid service with Cornell Cooperative Extension, I hereby authorize First Advantage Services Inc., on behalf of Cornell Cooperative Extension to procure a background report which will include a criminal records checks, motor vehicles records checks, correctional institutions records checks and sex offender registry checks. First Advantage Services, Inc., is only authorized to check this information and provide it solely to Cornell Cooperative Extension. Social Security number checks are solely for the purpose of verifying the accuracy of my number and matching it to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

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Applicant/Employee Printed Name

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Date

---

Social Security Number

---

Date of Birth

---

Signature

---

Other Names Used

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Address

The following Article 23-A applies to positions in the State of New York only.

**NEW YORK CORRECTION LAW ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.



(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights