Cornell Cooperative Extension

Cornell Cooperative Extension Sullivan County
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w: www.sullivancce.org

Volunteer Application

Please print clearly and make sure to sign the completed application

Full Name : _____ Date: _____
Last First Middle

Physical Address *(no PO Box)*: _____

Mailing Address: _____

Phone(s):_____Email address: _____
Home *Cell*

Emergency Contact Name:_____Contact Number: _____

Ethnicity:_____Hispanic_____Non-Hispanic **Gender:**_____Male _____Female_____Gender Not Listed

Race:_____White/Caucasian _____Black or African American _____Asian _____American Native/Alaskan Native
_____Native Hawaiian or Pacific Islander _____Two or more/Other

Residence:_____Farm _____Rural (under 10K) _____Town (10-50K) _____Suburb (over 50K) _____City (50K+)

Is enrollee from a military family_____If yes, Branch:_____ Status: _____

Volunteer Position Interests

_____Association Volunteer *(as needed)*
_____4-H Club Leader
_____4-H Project Leader
_____4-H Chaperone
_____4-H General Volunteer

_____Catskills Kitchen
_____Fundraising
_____Gardening
_____Composting
_____Nature Trail Maintenance

_____Marketing or Outreach Events
_____Farmers' Markets
_____Energy Savings
Other: _____
_____

What interests do you wish to pursue or what do you hope to accomplish becoming a CCESC volunteer: _____

Have you ever been a CCE volunteer? If yes, please give dates, program area, position: ☐ Yes ☐ No

List your volunteer, paid or educational experience, special skills, or experience that relate to the volunteer position you seek:

Organization/Employer Position/Activity Date

How many hours per month would you like to volunteer?_____Which group do you prefer to work?_____Youth ____Adults

Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities?
_____Yes _____No

Media Release Information

By initialing below, I consent and give permission to allow CCE the unlimited right to use photos, videos, direct quotes, and audio clips of me participating in Extension programs or events. I agree to give up my rights with regards to above. Further, by initialing this consent and release form, I acknowledge that I understand and agree to the above request and conditions.

Please initial: _____

Volunteer Agreement & Code of Conduct

I accept responsibility to represent CCE with dignity and pride, conducting myself as a positive role model for program participants, volunteers and staff.

1. I understand that CCE has 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, if I am unable to fulfill the commitment or Code of Conduct recognizing that if I receive significant training for the volunteer position that there is an expectation of volunteer service.
2. 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.
3. 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 CCE 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 appli- cable preconditions for coverage under the CCE insurance policy are met.
4. 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.
5. I will adhere to the following standards of behavior when engaged with Extension activities as a participant or volunteer.
   - Respect and adhere to all CCE rules, policies, and guidelines.
   - Execute CCE business in an ethical manner.
   - Preserve the confidentiality of information about CCE program participants, volunteers, staff and 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 Association policies and procedures.
   - Accept supervision and support from professional Extension staff and 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 while conducting CCE business/service.
   - Commit no illegal or abusive act.
   - Report all unsafe conditions and accidents to professional Extension staff as soon as possible
6. This agreement is valid until it is terminated by CCE or by myself.

Please initial: _____

Accommodations: Please describe any accommodations you may need to help you serve:

_____

_____

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

Name **Email** **Phone#**

_____

_____

Background Check Authorization*

During the application process and at anytime during the tenure of my active volunteer service with Cornell Cooperative Extension Sullivan County (CCESC), I hereby authorize First Advantage Background Screening Corp. on behalf of CCESC to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Background Checks will be repeated on a regular basis and I consent to the schedule: for the Criminal History File Check, MVR Check by PW Wood, NYS Sex Offenders Registry and the NYS Child Abuse Registry.

First Advantage Privacy Policy can be reviewed at: http://www.fadv.com/privacy-policy/

Applicant Full Name:_____

Date of Birth:_____Social Security Number: _____

Drivers License Number:_____ State of Issue: _____

Initial: _____

***Background check files are kept locked and are only accessible to CCESC Executive Director and HR Manager**

Confidentiality Agreement

The undersigned Volunteer of Cornell Cooperative Extension ("Extension") has had and/or may have access to certain confidential information about program participants, volunteers or paid staff as a result of his/her service with Extension. The Volunteer acknowledges the private nature of the Confidential Information and agrees to keep same confidential as provided herein. As used herein, the term "Confidential Information" shall mean any and all financial information or other information about the program participants, other volunteers or paid staff gained by the Volunteer during his/her volunteer service or as designated as Confidential Information in a written or verbal directive given to the Volunteer or general written or verbal directives related to programming by Extension.

The Volunteer shall (1) treat the Confidential Information as confidential; (2) will not in any way disclose Confidential Information except as directed by Extension as part of the volunteer's responsibilities or unless under legal compulsion to do so, to any person or entity other than its representatives who require such information in connection with its business with Extension; and (3) will not use the Confidential Information for his/her own benefit or for purposes other than the furtherance of Extension and its business.

Upon request or direction by Extension or upon termination of volunteer service with Extension, the Volunteer will promptly deliver all Confidential Information in written or other media form (together with any and all copies or summaries the Volunteer may have created there from) to Extension.

The obligation of the Volunteer to maintain the confidentiality of the Confidential Information shall survive the termination of volunteer service of the Volunteer regardless of the reason or reasons for termination of volunteer service with Extension.

Please initial: _____

Acknowledgement of Risk, Waiver & Release

(This section must be completed by all participants 18 years & older)

I,_____the undersigned hereby apply to participate as a volunteer and/or participant in programs conducted in cooperation with Cornell Cooperative Extension Association Sullivan County for three years from the date of signature provided on this waiver, and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer/participant 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 risks and dangers, and I hereby fully acknowledge and accept these risks 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 bind- ing 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 spon- soring County Association, the choice of which shall be at the sole discretion of Cornell Cooperative Extension.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE WITNESS, 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.

Dates of Program: Various dates throughout volunteer service Description of Program: Volunteer of CCESC

PARTICIPANT'S FULL NAME (print)_____**DATE OF BIRTH:** _____

SIGNATURE:_____**DATE:** _____

Affirmation Statement

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 Sullivan County to obtain from all persons, including those not named here, and/or agencies any records, documents, and other infor- mation relative to my suitability to perform the duties of the volunteer position**.** 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 CCESC 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 be- tween myself and CCESC. I further understand and agree that if I am offered and accept a volunteer position at CCESC, either I or CCESC, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCESC 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 this CCE Sullivan County Volunteer Agreement and acceptance of the provisions of the CCESC Association Volunteer Code of Conduct.

I understand by signing below I also agree to the previously initialed sections:

Background Check Authorization | Media Release | Confidentiality Agreement
Volunteer Agreement & Code of Conduct | Acknowledgement of Risk

Signature:_____**Date:** _____

Print Name: _____

Office Use Only Application received date: _____

Background check date & status:_____ DMV check date & status:_____

NYS Child Abuse Registry check date & status: _____ NYS Sex Offenders Registry check date & status: _____

Accepted date: _____ Declined date:_____ Notification Date: _____

Civi entered date: _____ Media Declined: _____