

Volunteer Name: _____

County: Rockland

Cornell Cooperative Extension Rockland County 4-H Volunteer Enrollment Form

Volunteer Information

Last Name: _____ M.I.: _____ First Name: _____

Preferred Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

Activity, Date(s), and Location: NYS 4-H virtual and in-person events for the 2026 4-H Year (October 1, 2026 - September 30, 2027) at Cornell University (including bowling, gym, and pool activities), NYS Fairgrounds, and other locations

Gender	Are you of Hispanic ethnicity?	Race
☐ Male	☐ Yes	☐ White
☐ Female	☐ No	☐ Native Hawaiian or Pacific Islander
☐ Gender Identity not listed	☐ Prefer not to respond	☐ Black
☐ Prefer not to respond		☐ Asian
		☐ American Indian or Alaska Native
		☐ Prefer not to respond

Military Involvement

- ☐ No one in my family is serving in the military
☐ I have a parent serving in the military
☐ I have a sibling serving in the military

Branch Component

- | | | | |
|------------------------------------|--------------------------------------|---|-----------------------------------|
| ☐ Air Force | ☐ Army | ☐ Coast Guard | ☐ Marines |
| ☐ Navy | ☐ Active Duty | ☐ National Guard | ☐ Reserves |

4-H Information

Volunteer Type: ☐ Not specified ☐ Project ☐ General Activity ☐ Organizational Leader

Interaction Type: ☐ Indirect Volunteer ☐ Direct Volunteer

Enrollment Date: _____

Status: ☐ New ☐ Returning

If returning, how many years have you volunteered with 4-H? _____

Club/Program: _____

Describe any physical or health accommodations that may be needed to allow you to fulfill your volunteer role:

Volunteer Name: _____

County: Rockland

Emergency Contact Information:

Emergency Contact Name: _____

Cell Phone: _____ Other Phone: _____

Photo Release

By signing this form, I consent and give 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 regard 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.

Acknowledgement of Risk

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 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 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.

Signature: _____ Date: _____

Volunteer Name: _____

County: Rockland

CCE Volunteer Code of Conduct

- 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. All funds raised in the name of CCE and or/4-H are property of CCE.
- 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.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.
- Dress in a manner that reflects a positive image of Cornell Cooperative Extension.

Signature: _____ Date: _____