Cornell Cooperative Extension
Long Term Volunteer Application

CCE Washington County
101 Main Street
Argyle, NY 12809

(long-term commitment to the program (one year or more), involved in high-risk and unsupervised activities (chaperons, etc.), and help make decisions and direct the focus of the program)

_____4-H _____Agriculture _____Food/Nutrition _____Family/Parenting

——— Consumer/Financial Issues ———Community Dev. _____Environment

Demographic Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ Cell: _____ Evening/Other: _____

Email address: _____

Birthdate (*if under 18): _____ Gender: ☐ Male ☐ Female

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

_____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White/Caucasian ☐ Asian ☐Black/African American ☐ Native American/Alaska Native

☐ Hawaiian Native/Pacific Islander ☐ Prefer Not to State

Interests/Hobbies (please list): _____

Emergency Contact:_____ Phone Number: ( )_____

Volunteering Data

Please check those that interest you:

☐ Board of Directors
☐ Program Advisory Committee
☐ Marketing the organization and/or programs
☐ Organizing or supporting events/activities Organizing or supporting events/activities
☐ Fundraising
☐ 4-H Volunteer ☐Master Forest Owner Volunteer
☐ Master Gardener Program Volunteer
☐ Other: _____

_____

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

☐Yes ☐No

Approximately how many hours/week would you like to volunteer? _____

With which age group do you prefer to work?

☐ Youth ☐ Adults

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 regards 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.

Please Circle: Yes OR No

References

List two persons we may contact, not related to you, who have knowledge of your qualifications.

Reference 1:

Name: _____ Phone number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Reference 2:

Name: _____ Phone number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of _____County (hereafter referred to as "CCE"). Please accept our sincere thanks for your valuable contribution to CCE.

1. I, _____(print name), agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation.
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 CCE 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 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. Background checks will be repeated on a regular basis; every year for the NYS Sex Offenders' Registry, every 3 years for the Criminal History File check and MVR check. The Volunteer Agreement and Code of Conduct will be reviewed every 3 years.
8. I fully support the following statement: "Cornell Cooperative Extension provides equal program and employment opportunities."
9. This agreement is valid until it is terminated by CCE or me.

For Staff Only: Provide one copy of this signed agreement to the CCE Association volunteer. Retain original copy for a minimum of 6 years from the time of the CCE volunteer's departure. If volunteer worked with minors, keep this agreement indefinitely.

Background Check

All volunteers are required to authorize screening with the NYS Sex Offenders Registry & National Criminal History prior to being accepted for a volunteer position. 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. A national criminal file check and NYS sex offender screening is required for all enrolled volunteers.

Do you possess a valid 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. For volunteers who use CCE vehicles it is required that you also take a defensive driving class and a driving test with a Van Committee member.

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.

ACKNOWLEDGEMENT OF RISK

This form must be completed to participate in Cornell Cooperative Extension activities.

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 my 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 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 participation in this program. This shall by 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 arbitrations 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 sole discretion of CCE.

Signatures

With my signature, 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 pertinent information 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 that my volunteer position is contingent upon signing the CCE Association Volunteer Agreement and Code of Conduct.

Volunteer Name (print): _____

Volunteer Signature: _____ **Date:** _____

******Screening Authorization/Consent Form must accompany this application******

OFFICE USE ONLY

Date Approved by HR: _____/_____/_____

Date Received : _____/_____/_____

Date Entered in database: _____/_____/_____

Screening Sent to HR: _____/_____/_____