Name:_____

OFFICE USE ONLY Date Received: ____/____/____

Cornell Cooperative Extension
Lewis County
Volunteer Enrollment Packet



Cornell University
Cooperative Extension Association
Lewis County

Welcome to Lewis County 4-H!

Welcome to Lewis County 4-H! It is very exciting to join 4-H. There are projects, meetings, events and specialty programs awaiting you. Please complete your enrollment paperwork so you can get started.

The 4-H year officially begins on October 1st, however you can enroll at any time during the year.

In Lewis County, the club program is our primary delivery method, but we also offer many county-wide, short term programs, school-based, after-school, and special interest programs. I encourage you to get involved and attend these programs.

Research shows that when parents or other caring adults are actively involved in the learning experience, youth receive the most effective form of key development assets: Belonging, Independence, Generosity and Mastery. 4-H supports this philosophy and we function under the assumption that parents/guardians will be an active part of the learning process.

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of those involved in the programs, but it also provides liability coverage.

Enclosed you will find all the required paperwork. Completed enrollment paperwork should be dropped off or mailed to the 4-H office at the address below.

Cornell Cooperative Extension Lewis County
Attn: 4-H Office
7241 East Road
Lowville, NY 13367

If you have any questions regarding enrollment or need help with your paperwork, please feel free to contact the office at 376-5270. We would be happy to help.

Sincerely,

The 4-H Staff

Cornell Cooperative Extension is an employer and educator recognized for providing equal program and employment opportunities

Lewis County 4-H Volunteer Enrollment Form 2026-2027

Volunteer Information:

First Name:	Last Name:
Gender: Male ☐ Female ☐ Not Listed ☐	Date of Birth:

Family 4-H Account Information:

Family Email:	Primary Phone: ( )
Mailing Address:	
City, State, Zip Code:	

Emergency Contact Information:

First Name:	Last Name:
Mobile Phone: ( )	

Volunteer Type: ☐ Club Leader ☐ Project Volunteer ☐ Parent Volunteer ☐ Casual Volunteer

Independent or Project/Activity or Club:_____

Demographics:	
Ethnicity	Are you of Hispanic Ethnicity? ☐ Yes ☐ No ☐ Prefer not to state
Race	☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Prefer not to state
Residence	☐ Farm (Rural area where agricultural products are sold) ☐ Town Under 10,000 & Rural– Non-Farm ☐ Town, City or Suburbs 10,000 to 50,000 ☐ City or Suburb More than 50,000 ☐ City– Central, More than 50,000
Military	☐ No one in my family is serving in the military ☐ I have a spouse in the military ☐ I am serving in the military ☐ I have a son/daughter serving in the military ☐ I have a sibling serving in the military ☐ I have a parent serving in the military
Branch	☐ Air Force ☐ Army ☐ Coast Guard ☐ DOD Civilian ☐ Marines ☐ Navy ☐ Active Duty ☐ National Guard ☐ Reserves

References

List three people (not related to you) who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed.

#1:
Name_____
Address_____
(Street/PO Box) (Town) (Zip)
Phone:_____E-mail:_____
How do you know this person?_____
_____

#2:
Name_____
Address_____
(Street/PO Box) (Town) (Zip)
Phone:_____E-mail:_____
How do you know this person?_____
_____

#3:
Name_____
Address_____
(Street/PO Box) (Town) (Zip)
Phone:_____E-mail:_____
How do you know this person?_____

Emergency Contact:

Name:_____ Relationship: _____ Phone: _____

Signature: _____ Date: _____

Photo and Image Release

Cornell Cooperative Extension of Lewis County (CCE) is granted permissionto 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.

Name: (PRINT) _____

Signature:_____Date: _____

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

NYS 4-H Code ofConduct

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination.

CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

Bronfenbrenner Center for Translational Research

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University's Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

Ground Rules

The following Ground Rules apply to all 4-H participants and volunteers. In addition to these expectations, CCE volunteers are accountable to additional expectations outlined in the CCE Volunteer Code of Conduct. Extension staff is accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

1. **Create a Welcoming Environment for All**. Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
2. **Bring Your Best Self.** Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions ofothers
3. **Obey the Law.** Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlledsubstances.
4. **Honor Diversity – Yours and Others'.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow Cornell Cooperative Extension Non-DiscriminationPolicy.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable. Be considerate and courteous of all youth and adults and theirproperty.
   a. Youth must stay in the designated dormitory lodging areas: boys may not be in girls' dormitory or lodging areas and girls may not be in boys' dormitory or lodgingareas.

b. Report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the NYS 4-H, Extension staff, and Event Coordinators as soon as possible.

6. **Be a Team Player.** Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.
7. **Participate Fully.** Participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!
8. **Watch What You Wear.** Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don't wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.
9. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

Consequences

Any of the following may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may possibly be barred from a future event.
3. Participant may be asked to leave the event/activity. If a youth, the parent(s) will be called and the youth will be sent home at family's expense.

I have read and understand the above and will abide by the NYS 4-H Youth Development Code of Conduct.

_____ _____

Signature of 4-H Youth or Adult **Date**

_____ _____

Signature of Parent/Guardian (if youth) **Date**

4-H Program Year: October 1, 2026 to September 30, 2027

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

7241 East Road
Lowville, NY 13367
Phone: 315-376-5270
E-mail: lewis@cornell.edu
Website: ccelewis.org

Cornell Cooperative Extension Association
Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Lewis 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. 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.

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.

(OVER)

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 (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.
- 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.

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 Volunteer Agreement and the Code of Conduct. I further certify that I am at least 18 years of age.

Volunteer Signature:_____

Date_____

SIDE TWO OF TWO SIDED DOCUMENT

Cornell Cooperative Extension
Lewis County

7241 East Road
Lowville, NY 13367
Phone: 315-376-5270
E-mail: lewis@cornell.edu
Website: ccelewis.org

BACKGROUND SCREENING AUTHORIZATION/CONSENT FOR VOLUNTEERS

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension Lewis County, I hereby authorize First Advantage Background Screening Corp. on behalf of Cornell Cooperative Extension Lewis County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. The source of any investigative consumer report will be First Advantage Background Screening Corp. (First Advantage), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. 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.

Name (please print) (include middle name)	Signature
Social Security Number *	Date of Birth*
Street Address	City, State, Zip
Phone	Date

* For identification purposes only

Cornell Cooperative Extension

Lewis County
7241 East Road
Lowville, NY 13367
t. 315 376-5270
e. lewis@cornell.edu
www.ccelewis.org

DEPARTMENT OF MOTOR VEHICLE BACKGROUND CHECK AUTHORIZATION FORM

Please attach a copy of this individual's driver's license. You must allow up to seven (7) days for the completion of the background check.

County Requesting Check: Lewis

_____ Employee Consideration (IF HIRED: Please inform The Wood Office.) Current

_____ Employee

_✔ Volunteer

I, the undersigned, give authorization for **Cornell Cooperative Extension Association of Lewis County**, 7395 East Road, Lowville, NY 13367, **First Advantage Screening Service**, 1100 Alderman Drive, Alpharetta, GA 30005 and/or **P. W Wood & Son, Inc.**, 2333 N Triphammer Rd, Ste 501, Ithaca NY, 14850 to conduct a background check 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.

PRINT ALL INFORMATION

Name (as it appears on license): _____

Address: _____

Date of Birth:_____Social Security Number: _____

State of License: _____

Driver's License Number: _____

_____ _____

Signature Date

FORM TO BE RETURNED TO UNDERSIGNED

CCE Authorization Signature: _____

Print Name: Michele Ledoux

E-Mail Address (for results): mel14@cornell.edu

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 Associationof _Lewis_ 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 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 AN ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: **October 1, 2026 to September 30, 2027**

DESCRIPTION OF PROGRAM: **Lewis County 4-H Youth Development Program**

PARTICIPANT'S FULL NAME (print) _____

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.

F.O.R.M. Code 1501 2018 Edition