

Cornell Cooperative Extension Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension in the Seneca County 4-H Youth Development.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also 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 I do not have a formal work appointment for the agreed upon services. I understand that CCE shall have the right to suspend or release me as a volunteer at any time and that I also have the right to terminate this agreement unless I am committing my volunteer time in exchange for education.
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 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 and act in accordance with CCE guidelines for my volunteer assignment.
5. CCE agrees to provide the orientation, training, supervision and support necessary for my successful fulfillment of responsibilities.
6. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.
7. This agreement is valid from _____ to _____ (no greater than 2 years).

Signatures:

CCE Volunteer _____ Date _____

CCE Representative _____ Date _____
Name Title

**Provide one copy of this agreement, including all attachments, to the CCE Volunteer.
Retain this agreement for three years from CCE Volunteer separation.
See back of page for agreement renewals.**

First Agreement Renewal

1. Evaluation of my volunteer performance was conducted on (date) _____ by the individual whose signature appears below and I attest that my reinstatement or reassignment has been accomplished by mutual consent.
2. I reaffirm my acceptance of the terms of this agreement which is extended through (no greater than 2 years) _____. The attached position description indicates amendments: ___ Yes ___ No

Signatures:

CCE Volunteer _____ Date _____

CCE Representative _____ Date _____
Name Title

Second Agreement Renewal

1. Evaluation of my volunteer performance was conducted on (date) _____ by the individual whose signature appears below and I attest that my reinstatement or reassignment has been accomplished by mutual consent.
2. I reaffirm my acceptance of the terms of this agreement which is extended through (no greater than 2 years) _____. The attached position description indicates amendments: ___ Yes ___ No

Signatures:

CCE Volunteer _____ Date _____

CCE Representative _____ Date _____
Name Title

Third Agreement Renewal

1. Evaluation of my volunteer performance was conducted on (date) _____ by the individual whose signature appears below and I attest that my reinstatement or reassignment has been accomplished by mutual consent.
2. I reaffirm my acceptance of the terms of this agreement which is extended through (no greater than 2 years) _____. The attached position description indicates amendments: ___ Yes ___ No

Signatures:

CCE Volunteer _____ Date _____

CCE Representative _____ Date _____
Name Title