

Long Term Volunteer Application

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

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

4-H Agriculture/Horticulture (program name: _____)

Food/Nutrition Family/Parenting Energy/Environment

Consumer/Financial Issues Community Development

Demographic Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell: _____

Email address: _____

Gender: Female Male Non-Binary Other: _____ Prefer not to state

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to state

Race (select one or more): American Indian or Alaska Native Asian Black or African American

Hispanic or Latino Native Hawaiian or Other Pacific Islander White Prefer not to state

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

Emergency Contact

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Volunteering Data

General Organizational Roles: Please check those that interest you.

- Board of Directors
- Program Advisory Committee
- Marketing the organization and/or programs
- Organizing or supporting events/activities
- Fundraising/Grant writing
- Office Work
- Program Delivery
- Other: _____

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

- Yes
- No

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

With which age group do you prefer to work?

- Youth
- Adults

Interests/Hobbies

Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Tompkins 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 in Tompkins County provides equal program and employment opportunities."
9. This agreement is valid until it is terminated by CCE or me.

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 CCETC 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 of Tompkins County.

References:

Please have 2 people who are not related to you and who have knowledge of your qualifications fill out the attached reference forms and turn them in with your application for it to be considered complete.

Reference 1 (first name, last name):

Reference 2 (first name, last name):

Cornell Cooperative Extension of Tompkins County Confidentiality Promise

- Volunteer applications are directed to staff who will contact you about the position.
- Documents containing your social security and driver's license number, and reference letters will be kept in a locked file.
- The Criminal History File Check results, done by screening national databases, are ONLY accessible to the CCETC Executive Director or Human Resources Manager. If a problem exists, they will contact you.
- Applications and screening documents are kept on file for a minimum of 3 years after the application is made or 6 years after termination of service to CCETC whichever is longer.
- CCETC does not release any mailing lists with volunteer information for any purpose unless required by law.
- As a volunteer for CCETC, you may on occasion receive information about CCETC programs.

Photo Release

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 consent to this form freely and without inducement.

Please Select:

Yes

No

ACKNOWLEDGEMENT OF RISK

This form must be completed to participate in Cornell Cooperative Extension of Tompkins County and related 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 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 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.

Background Check

NOTE: 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. MVR screening requires an additional consent form.

NOTE: If the volunteer position you seek requires the transportation of others, or errands on behalf of the CCETC program, in your personal vehicle or use of CCE Association vehicles, you will be asked to complete a motor vehicle screening form. For volunteers who use CCETC vehicles it is required that you also take a defensive driving class and a driving test with a Van Committee member.

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

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 Tompkins County (CCETC) 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:** _____

CCE Rep Signature: _____ **Date:** _____

CCE Rep (name and title): _____ **CCETC Program/4-H Club:** _____

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 Association of _____ 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 eighteen (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 AND ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: _____

DESCRIPTION OF PROGRAM: _____

PARTICIPANT'S FULL NAME: _____

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.