

Cooperative Extension Tompkins County

Long Term Volunteer Application

(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)

Cornell Cooperative Extension of Tompkins County is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

_____ 4-H _____ Agriculture _____ 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: _____ Evening/Other: _____

Email address: _____

Gender: Male Female

Ethnicity: Hispanic Non-Hispanic

Race: White/Caucasian Asian Black/African American Native American/Alaska Native
 Hawaiian Native/Pacific Islander 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: _____ 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/week would you like to volunteer? _____

With which age group do you prefer to work?

Youth Adults

Interests/Hobbies (please list):

References

Please have 2 people who are not related to you, 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:

Name
(First) (Last)

Reference 2:

Name
(First) (Last)

Volunteer Agreement

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

1. I, _____ (print name), agree that as a CCETC volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation.
2. I understand that CCETC shall have the right to suspend or release me as a volunteer at any time and for any reason, within the discretion of CCETC. 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 CCETC does not provide volunteers with medical insurance; therefore CCETC 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 CCETC volunteer affiliation.
4. CCETC will cover me as a volunteer under the CCETC 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 CCETC 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 CCETC or the Association. I understand that the liability insurance coverage only applies when I am on duty, acting in accordance with CCETC guidelines for my volunteer assignment, and all other applicable pre-conditions for coverage under the CCETC insurance policy are met.
5. CCETC agrees to provide the orientation, training, supervision, and support deemed necessary by CCETC 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 CCETC 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 CCETC or me.

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

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.

CCETC Volunteer Code of Conduct

CCETC 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 CCETC business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and CCETC internal affairs that have been entrusted to me as affirmed by my signature on the Volunteer Confidentiality Agreement.
- Refrain from using my CCETC volunteer status for personal or business financial gain. All funds raised in the name of CCETC are property of CCETC.
- 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 CCETC 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.

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 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 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 CCETC.

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 if volunteer is driving on behalf of CCETC.

*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 CCETC 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.

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 CCETC Association Volunteer Agreement and Code of Conduct.

Volunteer Name (print): _____

Volunteer Signature: _____ **Date:** _____

CCE Representative (name and title): _____

Date: _____ **CCETC Program:** _____

******Screening Authorization/Consent Form and 2 Reference Questionnaires
must accompany this application******

OFFICE USE ONLY

Date Received : ____/____/____

Date Approved by HR: ____/____/____

Screening Sent to HR: ____/____/____

Date Entered in database: ____/____/____

Cornell Cooperative Extension - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50. (Refer to <https://www.governor.ny.gov/> periodically for maximum number for public gatherings.)

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Tompkins County (“CCE”) has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or any of my contacts will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my contacts (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind), that I or my contacts may experience or incur in connection with my entering **CCE** or participation in **CCE** programming (“Claims”). On behalf of myself and on behalf of my heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Tompkins County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:

Date:

Signature:

**** Screening Consent Form ****

NYS Sex Offenders Registry Consent

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension, I hereby authorize screening with the NYS Sex Offenders Registry.

Applicant's Printed Name

Applicant's Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

* For identification purposes only

National Criminal History File Check Consent

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative, I hereby authorize First Advantage (Choice Point Services Inc.), on behalf of Cornell Cooperative Extension to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court 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, personal characteristics or mode of living.

Applicant's Printed Name

Applicant's Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

* For identification purposes only

California, Minnesota & Oklahoma Residents please note: In connection with your application for volunteer service, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

YES, I am a California resident and would like a free copy of my investigative consumer report.

CA Residents please note: In connection with your application for volunteer service, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

YES, I am a California resident and would like a free copy of my credit report

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY – Employer please note: If consumer checks “YES” regarding the credit report, and you do request a credit report, please fax this form to your First Advantage (Choice Point) service center. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

Helping you put knowledge to work.

Cornell Cooperative Extension is an equal opportunity, affirmative action educator and employer.

BACKGROUND VERIFICATION DISCLOSURE

As part of the volunteer process, Cornell Cooperative Extension will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The following Consumer Reporting Agency will prepare the report:

First Advantage (formally Choice Point) Services Inc.
1000 Alderman Dr.
Alpharetta, GA 30005

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact Choice Point during normal business hours to obtain your file for your review. You may obtain such information as follows:

- 1. In person at First Advantage's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want Choice Point to disclose to or discuss your information with this third party, you may be required to provide a written statement granting Choice Point permission to do so.*
- 2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.*
- 3. By telephone, if you have previously made a written request and provided proper identification. Choice Point has trained personnel to explain any information that is furnished to you and to explain any information that is coded.*

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- 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 CCE whichever is longer.
- CCE does not release any mailing lists with information for any purpose unless required by law.
- As a volunteer with CCE, you may on occasion receive information about CCE programs.