

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 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

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 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.

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.

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.

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 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.

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 Representative (name and title): _____

Date: _____ **CCETC Program/4-H Club:** _____

******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: ____/____/____



**** Screening Authorization/Consent Form ****

Criminal History File and NYS Sex Offender Screening Consent

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension of Tompkins County, I hereby authorize the NYS Sex Offender Registry and First Advantage Background Screening Corp. (Intellicorp for international screenings) on behalf of Cornell Cooperative Extension of Tompkins 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 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, or personal characteristics.

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. The Volunteer Agreement and Code of Conduct will be updated every three years.

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date
_____ - _____ - _____	_____	_____
Social Security Number *	Date of Birth *	Phone
_____	_____	* For identification purposes only
Street Address	City, State, Zip	

California, Minnesota & Oklahoma Residents please note: In connection with your application for service, your consumer report may be obtained and reviewed. Under 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.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY –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.

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation and personal characteristics from public or private record sources.

Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) can be reviewed at http://staff.cce.cornell.edu/human_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf

First Advantage Privacy Policy can be reviewed at: <http://www.fadv.com/privacy-policy/>

California Notice:

You have the right under Section 1786.22 of the California Civil Code to find out from an investigative consumer reporting agency (“ICRA”), what is in the ICRA’s file on you with proper identification, as follows:

- 1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.*
- 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.*

The ICRA will provide trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Considerations:

Type of Offense – the type of criminal offense matters with regard to the level of risk the person poses to the vulnerable population (youth under 18, individuals over 65, or individuals with disabilities). Some offenses automatically disqualify the person from volunteering with Cornell Cooperative Extension, while other offenses may allow for limited and supervised roles.

Context of Offense – sometimes specific information about the criminal history, such as timing, cause and effect, multiple offenses, progress since the crime, etc. may affect the application process.

Appeals Process – An applicant may appeal any action taken within 30 days. Appeals must be presented in writing to the Executive Director. The Executive Director will review the request and any additional information provided, and render a written decision within 30 days of the receipt of the appeal. A final appeal can be made to the Personnel Committee of the Board of Directors of CCETC. That appeal must also be made within 30 days of the ruling by the Executive Director, and the applicant would need to sign an additional waiver to allow members of the Personnel Committee to review the applicant’s file, including background check.

Cornell Cooperative Extension of Tompkins County Confidentiality Promise

- Employment 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 employee information for any purpose unless required by law.
- As an employee for CCETC, you may on occasion receive information about CCETC programs.

CONFIDENTIAL REFERENCE QUESTIONNAIRE
FOR CCETC VOLUNTEER

PLEASE RETURN TO:
CCETC/ ATTN _____
615 Willow Ave.
Ithaca, NY 14850
607-272-2292

(This box to be completed By the CCETC Applicant)

Applicant's Name: _____

Volunteer Position: _____

Your name: _____ email: _____

Your phone number: Day: (____) _____ Evening: (____) _____

1. In what capacity have you known this applicant? _____

For how long? _____

2 Please use this chart to evaluate the applicant's qualities.

	Excellent	Good	Fair	Not Known
Understanding of youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over ⇒

3. Please share your comments regarding any of the above qualities by using specific examples, when possible.

4. What qualities does this person have that will benefit 4-H as a Youth Organization?

5. Are you aware of any limitations that would make this person an ineffective or unsuitable volunteer to be working with youth? If so, please describe.

6. Would you be comfortable having your child or youth you know under the guidance of this person? YES NO

If NO, please explain: _____

7. If you have ever ridden in a vehicle driven by this applicant were you comfortable with the way they drove? YES NO NA

If NO, please explain: _____

8. To the best of your knowledge has this person any history of alcohol or drug abuse? YES NO

If YES, please explain: _____

9. Please add any other comments you might wish to share.

THANK YOU VERY MUCH FOR YOUR HELP. WE APPRECIATE YOUR HONEST RESPONSES.

All information you have provided will be kept confidential and used only to determine the candidate's suitability as a 4-H volunteer.

(signature)

(date)

CONFIDENTIAL REFERENCE QUESTIONNAIRE
FOR CCETC VOLUNTEER

PLEASE RETURN TO:
CCETC/ ATTN _____
615 Willow Ave.
Ithaca, NY 14850
607-272-2292

(This box to be completed By the CCETC Applicant)

Applicant's Name: _____

Volunteer Position: _____

Your name: _____ email: _____

Your phone number: Day: (____) _____ Evening: (____) _____

1. In what capacity have you known this applicant? _____

For how long? _____

2 Please use this chart to evaluate the applicant's qualities.

	Excellent	Good	Fair	Not Known
Understanding of youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over ⇒

3. Please share your comments regarding any of the above qualities by using specific examples, when possible.

4. What qualities does this person have that will benefit 4-H as a Youth Organization?

5. Are you aware of any limitations that would make this person an ineffective or unsuitable volunteer to be working with youth? If so, please describe.

6. Would you be comfortable having your child or youth you know under the guidance of this person? YES NO

If NO, please explain: _____

7. If you have ever ridden in a vehicle driven by this applicant were you comfortable with the way they drove? YES NO NA

If NO, please explain: _____

8. To the best of your knowledge has this person any history of alcohol or drug abuse?
 YES NO

If YES, please explain: _____

9. Please add any other comments you might wish to share.

THANK YOU VERY MUCH FOR YOUR HELP. WE APPRECIATE YOUR HONEST RESPONSES.

All information you have provided will be kept confidential and used only to determine the candidate's suitability as a 4-H volunteer.

(signature)

(date)