

Casual Volunteer Application

(Individual volunteers for more than one day per calendar year, and up to two years; primary role is to deliver program, assist staff and other key volunteers with a variety of tasks. The individual is supervised by staff or Long-Term Enrolled volunteer at all times.)

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/Horticulture (program name: _____)

___ Food/Nutrition ___ Family/Parenting ___ Energy/Environment ___ Consumer/Financial Issues

___ Community Development ___ Other (program name: _____)

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.

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 my 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.

******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 (name and title):** _____

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

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

Applicant Information			
_____ Applicant's Printed Name	<input type="checkbox"/> Employment <input type="checkbox"/> Volunteering Application Type	_____ Name of Position or Volunteer Program	
_____ Social Security Number *	_____ Date of Birth *	* For identification purposes only	
_____ Street Address*	_____ City	_____ State	_____ ZIP*

National Criminal History File Check Consent

During the application process and at any time during the tenure of my employment 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

NYS Sex Offenders Registry Consent

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

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date

California, Minnesota & Oklahoma Residents please note: In connection with your application for employment, 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.

California Residents please note: In connection with your application for employment, 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

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.

Background Verification Disclosure

As part of the employment 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.*

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

The following Article 23-A applies to positions in the State of New York only.

**NEW YORK CORRECTION LAW ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.