

**Enrolled Volunteer Application and
Sign-off Form**

1. Name _____
First MI Last

2. Mailing Address: _____

3. Email Address: _____

4. Phone(s): _____

5. Age Group: ☐ 18-30 ☐ 31-45 ☐ 46-65 ☐ 66+

6. Gender: ☐ Male ☐ Female

7. Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

8. Race ☐ White ☐ Black/African American ☐ Native American/Alaskan Native
☐ Asian ☐ Hawaiian/Pacific Islander

9. Emergency Contact: _____
Name Phone

10. Have you ever volunteered for CCE before? ☐ Yes ☐ No
If yes – give dates, program, position _____

11. Dates/timeframe available to volunteer: _____

12. Approximately when and how many hours per week would you like to volunteer? _____

13. Please check the volunteer role(s) that interest you most.

<input type="checkbox"/> 4-H Leader <input type="checkbox"/> Master Gardener <input type="checkbox"/> Marketing the Organization <input type="checkbox"/> Organizational Development (advising/assisting with programs)	<input type="checkbox"/> Organizing Events/Activities <input type="checkbox"/> Program Development <input type="checkbox"/> Resource Development/Fund Raising <input type="checkbox"/> Other: (please specify):
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14. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer? _____

15.

List your volunteer, paid, or educational experiences that relate to the volunteer position you seek		
Organization/Employer	Position/Activity	Dates

16. Describe any education or training you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant_____

17.

REFERENCES: List 2 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.		
Name	Mailing Address	Daytime Phone #

18. Photo, Video, and Audio Consent

I, the undersigned, hereby ☐ ***Do consent and authorize, or*** ☐ ***Do Not consent and authorize,***

The Use or Reproduction, by Cornell Cooperative Extension of Suffolk County, of all photographs, slides, films, digital images, sketches, and any other audiovisual materials taken of my son/my daughter/my ward and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions, or anyother use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

Initial Here:_____

19. Volunteer Acknowledgement of Risk, Waiver and Release

I, the undersigned, hereby apply to participate as a volunteer and/or participant in the programs conducted in cooperation with Cornell Cooperative Extension Association of Suffolk County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer/participant 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 risks and dangers, and I hereby fully acknowledge and accept these risks 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 can 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 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 vented 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 Cornell Cooperative Extension.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE WITNESS, 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: Various dates throughout volunteer service

DESCRIPTION OF PROGRAM: Volunteer of Cornell Cooperative Extension of Suffolk County

20. CCE Sexual Harassment Prevention Training Sign Off

The Sexual Harassment Prevention Training can be found here:

<https://blogs.cornell.edu/ccevolunteertraining/required-training/>

By initialing and signing below, you agree that you have completed the Cornell Cooperative Extension supplied Sexual Harassment Prevention Training for Volunteers. You have watched the recorded video in full and are aware of how to report sexual harassment to maintain a safe, productive environment in CCE for yourself and others. If you have any questions, you may contact: cce-orgdev@cornell.edu or your local CCE office.

Initial Here:_____

21. Volunteer Code of Conduct

Cornell Cooperative Extension volunteers serving accept responsibility to represent CCE with dignity and pride serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

To maintain a responsible relationship with Cornell Cooperative Extension, I will:

- Respect and adhere to CCE 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.
- Refrain from using my CCE volunteer status for personal or business financial gain.
- 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.

To maintain a respectful relationship with individuals encountered through volunteer activities, I will:

- 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 including but not limited to sexual harassment or any form of harassment.

To maintain a safe and healthful environment for program participants, volunteers will:

- Follow child protection guidelines.
- Refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity or event under the influence of alcohol or controlled substances.
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people.
- Bring no firearm to any CCE program except when essential to purposes for the program.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner.
- Observe all state and federal laws with respect to power equipment and minors.
- Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witnessing, or aware of potential incidences

Initial Here:_____

22. Volunteer Agreement

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

- 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.
- 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.
- 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 because of my CCE volunteer affiliation.
- 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. 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.
- CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
- 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.
- This agreement is valid until it is terminated by CCE or by me.
- I understand that it is my responsibility to get clarification from the Program Volunteer Coordinator on any information that I find unclear.

SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: : _____ **DATE:** _____
(MUST BE CCE EMPLOYEE)

PLEASE click the link or QR Code to complete and submit your SECURE Background screening:

<https://forms.office.com/r/tcBwkJbmz4>



QR Code for Background Check

Building Strong and Vibrant New York Communities

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