



Volunteer Application

Directions: Please type or print. If you need additional space, attach a separate sheet.
Sign the completed application.

General Information

First Name: _____ MI: _____ Last Name: _____ Today's Date: ___/___/___
 Preferred Name: _____ Home Phone: (____)____-____ Mobile Phone: (____)____-____
 Work Phone: (____)____-____ Other Phone: (____)____-____ Best Time to Call: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Birthdate (if under 18): ___/___/___
 Occupation: _____ Level of Education: _____

The following information is optional and for federal Equal Program Opportunity reporting purposes only.

Ethnicity (circle all that apply): Hispanic Not Hispanic Gender: Female Male
 Residence (circle all that apply): Farm Rural/10,000 Town/10-50,000 Suburb/50,000 City/50,000
 Race (circle all that apply): White Black American Indian Asian Native Hawaiian & Pacific

Volunteer Position

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

Date Available? From ___/___/___ to ___/___/___

About when and how many hours/week do you want to volunteer? _____

Which program(s) would you be interested in volunteering with?
 4-H Youth Development Agriculture Horticulture Nutrition General Office Anywhere
 Other: _____

What kind of role would you prefer?
 Teach Lead a group Judge a contest/competition Advise programming/represent the community
 Fundraising Marketing Chaperone Trips Other: _____

Interests: Please mark each item according to your level of interest.
I like to 4: All the time 3: Often 2: A Little 1: Not at all

Take responsibility	4	3	2	1	Speak to groups	4	3	2	1
Meet people	4	3	2	1	Perform	4	3	2	1
Camp	4	3	2	1	Type and file	4	3	2	1
Sell	4	3	2	1	Draw and sketch	4	3	2	1
Participate in sports	4	3	2	1	Teach	4	3	2	1
Make decisions	4	3	2	1	Lead discussion groups	4	3	2	1
Provide transportation	4	3	2	1	Research and analyze	4	3	2	1

Experience and Background

List your volunteer, paid, or educational experiences that relate to the volunteer position you seek

Organization/Employer

Position/Activity

Dates

Describe any education or training that you have had related to the volunteer position you seek. Also describe any special skills, experiences, or licenses, certifications, or other interests you consider relevant.

What do you hope to accomplish by serving as a CCE volunteer?

Accommodations

Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate in the activity.

Transportation

Do you have an independent and reliable means of transportation to and from volunteer activities? Yes No

Do you possess a valid NYS Driver's License? Yes No

NOTE: If the volunteer position you seek requires the transportation of others in your personal vehicle or use of CCE Association vehicles, you will be asked to complete a motor vehicle record request permission form.

Other

Have you ever been convicted of a criminal offense other than a minor traffic violation?

No Yes: Date(s): _____

NOTE: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.

References

List 3 people, not related to you, that we may contact who have knowledge of your qualifications.

Name	Mailing Address	Daytime Phone Number
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

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 Clinton County to obtain from all persons, including those not named here, and/or agencies any records, documents, and other information relative to my suitability to perform the duties of the volunteer position. I understand, if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search will be made. I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at CCE for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that if I am offered and accept a volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the CCE Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

(Signature)

(Date)



Cornell University
Cooperative Extension
Clinton County

Background Verification Authorization

All Volunteers working with CCE for more than 1 day during the year need to complete this form.

I, the undersigned, give authorization for Cornell Cooperative Extension Association of Clinton County to obtain a copy of my Criminal Record and any Sex Offender Registry. I state that I have provided my true Social Security Number to CCE – Clinton Co for their use to check my background. This authorization is good until revoked by me in writing. This information will only be used to verify my Criminal Record and registry.

I understand that my Social Security Number will be checked against my name for verification and that this form will be kept in a locked file in the CCE- Clinton office.

This check does NOT cover driving for CCE – Clinton. There is a separate form I will use if driving is a part of my volunteer responsibilities.

Name as it appears on Social Security Card:

First Name _____ Middle Name: _____

Last Name: _____ Name suffix: _____

Other Last names (ex. Maiden Name) _____

Social Security Number: _____

Current Address: Street # _____ Apt # _____

Town: _____ County: _____

State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____

Today's Date: _____

Signature _____



Cornell University
Cooperative Extension
Clinton County

Motor Vehicle Record Request Permission Form

If your volunteer role may involve driving as part of scheduled program activity or driving CCE owned, leased, or rented vehicles, please complete this form.

I, the undersigned, give authorization for P. W. Wood and Son, Inc. and Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record.

Name as it Appears on License

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

State of License: _____ License Number: _____

(Signature)

(Date)

Office Use Only

County requesting check (*check one*):

- Potential Employee (if hired please inform The Wood Office)
- Current Employee
- Volunteer

Form to be returned to Undersigned

(CCE Authorization Signature)

(Print Name)

(Email Address for results)

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 # _____.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Clinton County("CCE") has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent 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 signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by 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 (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering CCE or participation in CCE programming ("Claims"). On my behalf, and on behalf 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 Clinton County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:

Date:

Signature:
