

CCE Clinton County 4-H Volunteer Enrollment

First Name: _____	MI: _____	Last Name: _____
Primary Club/Group Name: _____	or	Independent
4-H Program Year: _____		

CCE Volunteer Agreement

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

1. 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. **That document shall be considered a part of this agreement.**
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 Cornell Cooperative Extension 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 Cornell Cooperative Extension 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. This agreement is valid until it is terminated by CCE or by me.

Publicity Release Form

I, the undersigned, hereby

- Do consent and authorize Do Not consent and authorize

the Use or Reproduction, by Cornell Cooperative Extension (CCE) of Clinton County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me and of any and all written essays or any other written material provide by my son/my daughter/my ward in any authorized CCE event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of CCE programs. By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

4-H Project Choices *(check all that apply)*

Youth Community Action

- Citizenship and Civic Education
- Civic Engagement
- Cultural Education
- Intergenerational Programming
- Service Learning
- Community / Volunteer Service
- Career Exploration
- Economics, Business, Marketing
- Cloverbud Projects
- Hobbies and Collections
- Leadership Skills Development
- Leisure Education
- Personal Development
- Reading Literacy
- Social Recreation Skills
- Values Clarification
- Arts and Crafts
- Clowning, Mime
- Communication Arts
- Dance, Movement
- Drama, Theater
- Drawing, Painting, Sculpting
- Graphic Arts, Displays
- Music, Sound
- Performing Arts
- Photography, Video
- Speaking, Radio, TV
- Visual Arts
- Writing, Print

Choose Health

- Foods and Nutrition
- Chemical Health
- Fitness and Sports
- Food Preservation
- Food Safety
- Growth, Development
- Health
- Home Nursing, First Aid,

CPR

- Mental and Emotional Health
- Sexual Health
- ATV Safety
- Automotive Safety
- Bicycle Safety
- Emergency Preparedness
- Personal Safety
- Tractor/Machinery Safety

SET

- Child Development, Care
- Clothing and Textiles
- Consumer and Family Science
- Consumer Education
- Home Environment/Improvement
- Parenting/Family Life
- Animal Science
- Aquatic Science
- Biological Sciences
- Entomology and Bees
- Food Science
- Marine Science
- Meat Science
- Plant Science
- Poultry Science and Embryology
- Spaces
- Veterinary Science
- Aerospace
- Automotive
- Bicycle
- Computer Technology
- Electric
- Electronics
- Engines, Tractors, Field
- Robotics
- Science/Tech Literacy
- Technology/Engineering
- Wood Sci and Ind Arts
- Astronomy
- Chemistry

- Mathematics
- Physical Sciences
- Physics
- Adventure, Challenge
- Composting
- Earth, Water, and Air
- Energy
- Earth Sciences
- Environmental Stewardship
- Forestry
- Forests and Wildlife
- Geology and Minerals
- Household Hazardous Waste
- Outdoor Education, Recreation
- Range Science
- Recycling
- Shooting Sports
- Soils and Conservation
- Waste Management
- Water
- Weather and Climate
- Wildlife and Fisheries
- Ag in the Classroom
- Aquaculture
- Beef Cattle
- Birds and Poultry
- Cats
- Dairy Cattle
- Dogs
- Goats
- Horse, Pony
- Plants
- Rabbits, Cavies
- Sheep
- Small Animals
- Swine
- Crops and Weeds
- Flowers and House Plants
- Gardens- Fruit/Vegetable
- Ornamental Horticulture

CCE Volunteer Code of Conduct

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- 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 as affirmed by my signature on the Volunteer Confidentiality Agreement.
- 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.
- 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.

Signatures

With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in this Volunteer Agreement and the Code of Conduct.

(Signature of Volunteer)

(Date)

(Signature of CCE Representative)

(CCE Representative Title)

Date: _____

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:
