

# Cornell Cooperative Extension Monroe County

## Volunteer Application

2449 St. Paul Blvd.  
Rochester, NY 14617  
p. 585.753-2550  
f. 585.753-2560  
monroe@cornell.edu

**Directions:** \*Type or print, using black ink  
\*If you need additional space, attach a separate sheet  
\*Sign the completed application

GENERAL				
NAME (Last)		First	Middle	Today's Date
Mailing Address - Street			Daytime Phone # ( )	Evening Phone # ( )
City	State	Zip Code	Email address if any	Birthdate if under 18
Have you ever volunteered for CCE before? If yes, give dates, program, position <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From To			Approximately when and how many hours/week would you like to volunteer?	
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.				
<input type="checkbox"/> Advisory Committee _____ (program area) <input type="checkbox"/> Master Gardener <input type="checkbox"/> Internship <input type="checkbox"/> 4-H Youth Development <input type="checkbox"/> Board of Directors			<input type="checkbox"/> Organizing events/activities <input type="checkbox"/> Office Support <input type="checkbox"/> Resource Development – fundraising <input type="checkbox"/> Other: (please specify) _____	
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?				
List your work experiences (volunteer or paid), particularly that relate to the volunteer position you seek:				
Organization/Employer		Position/Activity		Dates
Education (degree and institution):				
Describe any special skills, trainings, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant to the volunteer position you seek:				

**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.

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

**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 #

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

☐ No    ☐ Yes (If 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.*

**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.*

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 Monroe 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 \_\_\_\_\_

**If elected to the Board of Directors, what committees and/or Advisory Group would you prefer to participate in?    Please indicate from list below:**

☐ 4-H and Youth Development Advisory

☐ Fund Development

☐ Agriculture Advisory

☐ Governance

☐ Finance

☐ Strategic Planning