



Cornell University
Cooperative Extension



Monroe County
2449 St. Paul Blvd.
Rochester, NY 14617
p. 585.753.2550
f. 585.753.2560
www.monroe.cce.cornell.edu

Dear 4-H Volunteer,

Welcome to Monroe County 4-H! Thank you for your interest in serving as a volunteer for Cornell Cooperative Extension (CCE). Without the involvement of people like you, many of our programs could not function. We are excited that you are interested in serving your community, and would like to share some important information about our volunteer selection process.

Enrollment paperwork is a critical part of the 4-H program. It not only allows the 4-H office to keep accurate records of the volunteers involved in the programs we offer and how to contact you, but it also provides liability coverage. Any volunteer participating in any 4-H event, meeting, etc. must be enrolled. Enrollment in 4-H is not optional, it is required for participation.

You will find a blank volunteer application form included; please fill it out completely and review, complete, and sign parts #1–#5. Depending on your capacity as a volunteer, 4-H staff will follow up with you to set up a personal interview and orientation. We look forward to working with you!

All volunteers are required to complete the CCE Sexual Harassment Prevention Training annually. Please complete the following:

1. Watch the 10 minute video at: <http://blogs.cornell.edu/ccevolunteertraining/required-training/>
2. Confirm participation and understanding of the expectations
3. Forward the completion email confirmation to Susan Coyle at smc226@cornell.edu
4. Report any Sexual Harassment witnessed, experienced, or perceived.

Background and Motor Vehicle Record (MVR) checks must be run every 3 years on any individual who will be volunteering more than 1 time/year. Along with your enrollment forms, please return the background check and MVR form in the enclosed envelope marked confidential.

If you have any questions regarding enrollment or need help with your paperwork, please feel free to contact the 4-H office at 585-753-2550.

Sincerely,

Monroe County 4-H Program staff
monroe4H@cornell.edu

OFFICE USE ONLY

Date Received: ____/____/____ Date Entered in 4-H Online: ____/____/____

4-H Year 2020-2021



Monroe County 4-H Volunteer Application Form

2020-2021

To enroll in the Monroe County 4-H Program, complete this form and send to:
Monroe County **Cornell Cooperative Extension**, 2449 St. Paul Blvd, Rochester, NY 14617

Please Fill Out This Form Completely!

Personal Information:

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Alternate Phone () _____

Occupation _____ Work Phone () _____

Email Address _____ County of Residence: _____

*4-H often sends information electronically; please list your preferred address for receiving 4-H announcements and updates
We will not share your email information with any other party or agency.*

Date of Birth _____ # of years in 4-H (including this year) _____

ENROLLMENT INFORMATION:

I belong to the _____ **4-H Club.** Give name of club, if applicable.

Describe your residence:

- ☐ Farm/Rural (population under 10,000)
- ☐ Town/Village (population 10,000-50,000)
- ☐ Town/Suburb (population over 50,000)
- ☐ City (population over 50,000)

Ethnicity (statistical purposes only):

- ☐ Hispanic ☐ Not Hispanic
- Race (statistical purposes only):
- ☐ White ☐ Black ☐ Asian
- ☐ Native American ☐ Pacific/Hawaiian

APPLICANT PROFILE:

What interests do you wish to pursue or what do you hope to accomplish by serving as a 4-H volunteer? (Please attach additional page if needed!)

Please mark the following areas in which you have experience:

- ☐ Home Economics ☐ Nutrition ☐ Natural Resources ☐ Horticulture ☐ Agriculture
- ☐ Animal Science (type) _____ ☐ Other _____

How much time do you foresee being able to commit to volunteering?

Short Term: ☐ 1-3 months ☐ 3-6 months **Long Term:** ☐ 6-12 months ☐ over a year

How many hours a month can you commit? ☐ 1-3 hours ☐ 3-6 hours ☐ more than 6 hours

I have an interest in helping with the following special events/programs/activities:

- ☐ Newsletter ☐ Public Presentations ☐ Livestock Clinic ☐ County Fairs

I would like more information on starting my own club: () Yes () No

Volunteer History: Please list other volunteer involvement that you have previously had or are currently involved with?

References: List two persons not related to you who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed.

1. Name _____ Email: _____
Address _____
Phone _____ Relationship to this person _____
2. Name _____ Email: _____
Address _____
Phone _____ Relationship to this person _____

I authorize contact of listed references. I release all parties contacted from liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer.





Cornell Cooperative Extension Monroe County 4-H VOLUNTEER ENROLLMENT FORM

Enrollment Year October 1, 2020–September 30, 2021

PART #1: ACKNOWLEDGEMENT OF RISK

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE—ADULT (THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)

I the undersigned in part #6, hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Monroe County, and I acknowledge as follows:

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 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 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 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 venued 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 CCE.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING PART #6 I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT ALL THE RISKS INVOLVED.

DESCRIPTION OF PROGRAM: All 4-H activities and events for program year 2020–2021

PART #2: PHOTO RELEASE

By signing part #6, 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 sign this form freely and without inducement.

Please Circle: Yes OR No

PART #3: EMERGENCY CONTACT/HEALTH INFORMATION

In case of emergency, contact _____

Home Phone _____ Cell _____ Work Phone _____

Health Information (optional):

Accommodations: Given the expectations of the volunteer position, describe any physical or health accommodations that may be needed to allow you to participate in the activity associated with this volunteer position or that you would like to make us aware of. (Add additional sheets if needed.)

Volunteer Name: _____

PART #4: CORNELL COOPERATIVE EXTENSION ASSOCIATION VOLUNTEER AGREEMENT

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

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, including the Code of Conduct it contains, 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.

PART #5: CODE OF CONDUCT

VOLUNTEER CODE OF CONDUCT

All 4-H Participants—youth, families, volunteers, and Extension staff—in or attending any activity or event sponsored by Cornell University's Cornell Cooperative Extension (CCE) 4-H Youth Development Program are required to uphold the values of the NYS 4-H program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence. The following ground rules apply to all 4-H participants:

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
2. **Bring Your Best Self.** Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others
3. **Obey the Law.** Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time. (Firearms are allowed only as part of supervised 4-H Shooting Sports programming.) Do not attend CCE or 4-H activities under the influence of alcohol or controlled substances.

PART #5: CODE OF CONDUCT CONTINUED

4. **Honor Diversity - Yours and Others.** Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow Cornell Cooperative Extension Non-Discrimination Policy.

5. **Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying, and other exclusionary behavior aren't acceptable. Be considerate and courteous of all youth and adults and their property.

- a. Youth must stay in the designated dormitory lodging areas: boys may not be in girls' dormitory or lodging areas and girls may not be in boys' dormitory or lodging areas.
- b. Report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the NYS 4-H, Extension staff, and Event Coordinators as soon as possible.

6. **Be a Team Player.** Work cooperatively with Extension staff, volunteers, 4-Hers, and all involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.

7. **Participate Fully.** Participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities (including the completion of required records or reports) in a manner that insures the safety, well-being, and quality of the educational experience for self and others. Have fun!

8. **Watch What You Wear.** Use your best judgment. Wear clothing suited for the activity you will participate in. Clothing promoting alcohol and other intoxicants, or displaying messages that are racist, sexist, homophobic, or any other degrading message that detrimentally impacts the dignity and respect of members of our community are never acceptable. Don't wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants. If you are unsure about what is appropriate, contact the local CCE 4-H Educator in charge in advance.

9. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, CCE, and the 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary stands of conduct at all 4-H activities.

Any violation of this Code of Conduct may result in disciplinary action up to and including removal from the program.

With my signature, which I voluntarily affix to this agreement on Part #6, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.

PART #6: SIGNATURES

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements, and agreements herein, specifically including parts #1 Acknowledgement of Risk, #2 Photo Release, #3 Emergency Contact/Health Information, #4 Volunteer Agreement, and #5 Code of Conduct.

VOLUNTEER'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

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

DATE: _____

For Staff only: Provide one copy of this signed agreement to the CCE Association Volunteer. Retain original copy for a minimum of seven years from the time of the CCE Volunteer's departure. If volunteer worked with minors keep this agreement indefinitely.

BACKGROUND SCREENING AUTHORIZATION/CONSENT
FOR VOLUNTEERS

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension of Monroe County, I hereby authorize First Advantage Background Screening Corp. on behalf of Cornell Cooperative Extension of Monroe County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. The source of any investigative consumer report will be First Advantage Background Screening Corp. (First Advantage), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. This report may be compiled with information from courts 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, or personal characteristics.

Applicant Legal Name (please print)

Signature

_____-_____-_____
Social Security Number *

Date of Birth*

Street Address

City, State, Zip

Phone

Date

* For identification purposes only

California, Minnesota, & Oklahoma Residents please note: In connection with your application for service, your consumer report may be obtained and reviewed. Under 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.

"Please contact the Cornell Cooperative Extension of Monroe County office if you have any special needs."

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.

Cornell Cooperative Extension of Monroe County is supported by public and private funding. Primary cooperating partners are the County of Monroe, the State of New York and SUNY's Land Grant Colleges at Cornell University, and the U.S. Department of Agriculture.

United Way of Greater Rochester - Designated Donor # 2206

Printed Name _____

Street Address _____

City, State, Zip _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) can be reviewed at: http://staff.cce.cornell.edu/human_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf

First Advantage Privacy Policy can be reviewed at: <http://www.fadv.com/privacy-policy/>.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to find out from an investigative consumer reporting agency ("ICRA"), what is in the ICRA's file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
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.

The ICRA will provide trained personnel to explain any information that is furnished to you and to explain any information that is coded.

VOLUNTEER MOTOR VEHICLE RECORD REQUEST PERMISSION 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.

County requesting check: _____

NAME AS IT APPEARS ON LICENSE: _____

ADDRESS: _____

DATE OF BIRTH: _____

STATE OF LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

DATE: _____

SIGNATURE

RESULTS OF CHECK TO BE RETURNED TO UNDERSIGNED

CCE AUTHORIZATION SIGNATURE _____

PRINT NAME _____

EMAIL ADDRESS (for results) _____

F.O. R. M. Code 1501
Edition Fall 2020

"Please contact the Cornell Cooperative Extension of Monroe County office if you have any special needs."

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.

Cornell Cooperative Extension of Monroe County is supported by public and private funding. Primary cooperating partners are the County of Monroe, the State of New York and SUNY's Land Grant Colleges at Cornell University, and the U.S. Department of Agriculture.

United Way of Greater Rochester - Designated Donor # 2206

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 the designated number regulated by NYS.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Monroe 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 Monroe County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name:

Date:

Signature:
