# New Volunteer Application

## GENERAL

<table>
<thead>
<tr>
<th>NAME</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Today's Date</th>
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<tbody>
<tr>
<td>Mailing Address - Street</td>
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<tr>
<td>Daytime Phone #</td>
<td>( )</td>
<td></td>
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<tr>
<td>Evening Phone #</td>
<td>( )</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Birthdate if under 18</td>
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### Demographics: (optional)
- **Race:**  
  - [ ] Caucasian  
  - [x] African American  
  - [ ] American Indian/Alaska Native  
  - [ ] Asian  
  - [ ] Hawaiian/Pacific Islander
- **Ethnicity:**  
  - [ ] Hispanic  
  - [ ] Non-Hispanic

### Residence:
- [ ] Farm  
- [ ] Town <10K  
- [ ] Town 10K-50K  
- [ ] Suburbs  
- [ ] City

### Email address

**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 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.

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

- 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.

- Have you ever volunteered for CCE before?  
  - [ ] Yes  
  - [ ] No

If yes, give dates, program and position held:

<table>
<thead>
<tr>
<th>Date available to begin volunteer work?</th>
<th>From</th>
<th>To</th>
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<tr>
<td>Approximately when and how many hours/week would you like to volunteer?</td>
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VOLUNTEER POSITION
Please check the volunteer role(s) that interest you most.

____ Master Gardener Volunteer
____ 4-H Organizational Leader
____ 4-H Project Leader
____ 4-H Evaluator
____ 4-H Event Chaperone

____ Marketing the organization
____ Organizing events/activities
____ Program development
____ Resource development/fundraising
____ Other: (please specify)

A. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?

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

<table>
<thead>
<tr>
<th>Organization/Employer</th>
<th>Position/Activity</th>
<th>Dates (from mo/yr to mo/yr)</th>
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</table>

C. Describe any relevant education or training you have had which you feel is related to the position you are interested in obtaining. Also, describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.

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

1. Name _______________________________ Daytime Phone # _______________ Mailing Address

2. Name _______________________________ Daytime Phone # _______________ Mailing Address

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 Cayuga 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 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 ___________________
Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Cayuga 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, 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.

Continued on the next page
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.

1. Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program I serve.

2. Execute CCE business in an ethical manner.

3. 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.

4. Refrain from using my CCE volunteer status for personal or business financial gain.

5. Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.

6. Use my time wisely and work cooperatively with Extension staff and other volunteers.

7. Participate in required training programs and use the recommended policies and procedures.

8. Accept supervision and support from professional Extension staff and/or supervisory volunteers.

9. 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.

10. Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.

11. Refrain from the use of alcohol, tobacco and inappropriate language.

12. Commit no illegal or abusive act.

13. 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 the Volunteer Agreement and the Code of Conduct.

Volunteer ___________________________________________ Date __________________

CCE Representative______________________________________________________

Name ___________________________ Title __________________________

Date ___________________________
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: ______________________________

Check one:
Employee Consideration ___________ IF HIRED: Please inform The Wood Office
Current Employee ___________
Volunteer ___________

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 Spring 2013
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 Cayuga County, I hereby authorize First Advantage Background Screening Corp. on behalf of Cornell Cooperative Extension Cayuga 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.

Printed Name ________________________________

Street Address ________________________________

City, State, Zip ________________________________

Continued on the next page
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.

OFFICE USE ONLY

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<thead>
<tr>
<th>Date application received</th>
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<tbody>
<tr>
<td>Position desired</td>
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<tr>
<td>Date references checked</td>
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<td>Date background check completed</td>
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<tr>
<td><strong>Outcome:</strong></td>
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<tr>
<td>Position Accepted</td>
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<tr>
<td>Starting Date</td>
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<tr>
<td>Staff Supervisor</td>
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