

Cornell Cooperative Extension of Columbia and Greene Counties

4-H Volunteer Leader Enrollment Form 2022-2023 **(BACKGROUND CHECK ON FILE)**



Background checks are required every three years. To see if your background check is current, call 518-318-1210.

<p>Volunteer Information</p>	<p>First Name _____ Last Name _____</p> <p>Birth Date _____ Email _____</p> <p>Cell Phone _____ Other Phone _____ County _____</p> <p>Mailing Address Line 1 _____</p> <p>Mailing Address Line 2 _____</p>	
<p>4-H Club</p>	<p>4-H Club Name (primary) _____</p> <p><input type="checkbox"/> Yes, I am the club's organizational leader</p> <p>4-H Club Name (secondary) _____</p> <p>I am a <input type="checkbox"/> new or <input type="checkbox"/> returning leader</p> <p>Years as 4-H Leader: _____</p>	
<p>Statistical Information</p>	<p>I am <input type="checkbox"/> Hispanic <input type="checkbox"/> not Hispanic</p> <p>I am (check all that apply)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> American/Alaskan Native</p> <p>My gender is _____</p> <p>My residence is <input type="checkbox"/> farm <input type="checkbox"/> rural</p> <p>Hudson/Catskill <input type="checkbox"/></p> <p>My status is <input type="checkbox"/> new <input type="checkbox"/> returning</p>	<p>Signatures (Required)</p> <p>Volunteer _____ Date _____</p> <p>Primary 4-H Club Leader _____</p> <p>Date _____</p> <p>By signing and dating this document, volunteer certifies that he/she has read, understands, and agrees to the terms of the CCE Volunteer Code of Conduct and Photography and Information Release found on the back of this form. No enrollment fee is paid by adult volunteers.</p>
<p>Accommodations</p>	<p>I require accommodations for a disability</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, the accommodations needed are:</p> <p>_____</p> <p>_____</p>	
<p>Military Info.</p>	<p>We are a military family <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Branch of Military _____</p> <p>Involvement:</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Guard</p>	<p>CCE Volunteer Involvement Policy</p> <p>Each year, hundreds of volunteers for Cornell Cooperative Extension extend and amplify the efforts of our paid staff. They improve the quality of our work and increase enthusiasm for our programs throughout the state.</p> <p>The CCE Volunteer Involvement Policy and Procedures is the required system policy for Cornell Cooperative Extension Associations. It provides clarification and definition of the legal relationship of volunteers to local extension associations.</p> <p>For those volunteers whose roles include working with vulnerable age and ability groups in unsupervised settings, an extensive background check is required. A simple yet thorough national background check is required of most volunteers serving more than one day per year. All volunteers agree to act in the best interests of the organization while carrying out their roles.</p>

New York 4-H Youth Development Program 4-H Leader 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.

New York 4-H Youth Development Program Photography and Information Release

Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs.

I understand that I am not being compensated in any way for the use of my image and that I do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind my heirs, guardians, assigns, and legal representatives.

Extension Education Center

479 Route 66, Hudson, NY 12534
(518) 828-3346

Agroforestry Resource Center

6055 Route 23, Acra, NY 12405
(518) 622-9820
www.ccecolumbiagreene.org

Cornell Cooperative Extension
Columbia and Greene Counties



CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

VOLUNTEER LEADER COPY. Signature is required at the bottom.
Please keep this form attached to your volunteer enrollment form.

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 10.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Columbia and Greene Counties ("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 Columbia and Greene Counties. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

4-H Volunteer Name: _____ Club Name: _____

4-H Volunteer Signature: _____

Date: _____

Photo and Image Release

Cornell Cooperative Extension of Columbia and Greene Counties (CCE) is granted permission to use and/or publish my or my child's photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release CCE and all persons acting under its permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.