

Schoharie

Received by 4-H office \_\_\_\_\_

Otsego

# Volunteer 4-H Enrollment Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. NY Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Call at work? Yes No

Phone (cell) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

Volunteer Position: Club Leader  Project Leader  Activity Leader

New  Returning

Name of Club you are joining: \_\_\_\_\_

### Demographic Information

Ethnicity (Select One): [ ] Not Hispanic [ ] Hispanic

Gender (Select One): [ ] Male [ ] Female

Race (Select One): [ ] Asian [ ] White [ ] Black [ ] American Indian [ ] Hawaiian & Pacific Islander

Residence (Select One): [ ] Farm [ ] Rural or Town of Less than 10,000 [ ] Large Town of 10,000-50,000

Have you ever been convicted of a criminal offense other than a minor traffic violation? \_\_\_\_ If yes: dates and description.

Describe any physical or health accommodations that may be needed to allow you to be a successful volunteer.

\_\_\_\_\_ **Initial Here** 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 Schoharie 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.

\_\_\_\_\_ **Initial Here** I state that I currently hold a valid Motor Vehicle Driver's license. I give authorization to P.W. Wood and Son, Inc. and Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). This authorization is valid unless revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fundraising and Financial Guidelines for 4-H Clubs

Any club that is planning a fundraising project must submit a "Request for Permission to Raise Funds" form to the 4-H office at least one month prior to the event.

No raffles, lotteries or games of chance are permitted.

Fundraising projects must maintain the good name and image of 4-H

Contracts can only be signed by the Cornell Cooperative Extension Executive Director

Sales tax must be collected on items sold at a retail locations

Clubs with a treasury of more than \$100 must check with the 4-H Office regarding current financial policies

Clubs must submit a financial report to the 4-H office at the close of each year.

Clubs with a balance of more than \$500 at the end of the year must include a plan for using club funds with the year- end financial report

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## Cornell Cooperative Extension 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. I accept responsibility to represent CCE with dignity and pride conducting myself as a positive role model for program participants. I will adhere to the following standards of behavior.

To maintain a responsible relationship with Cornell Cooperative Extension I will:

- respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program I serve;
- preserve the confidentiality of information about program participants and CCE internal affairs that has been entrusted to me;
- 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;
- participate in required training programs and use the recommended policies and procedures;
- accept supervision and support from professional Extension staff and/or management volunteers;

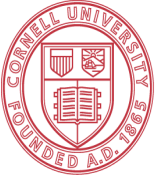
To maintain a respectful relationship with individuals encountered through volunteer activities I will:

- 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;

To maintain a safe and healthful environment for youth I will:

- follow child protection guidelines;
- refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity or event under the influence of alcohol or controlled substances;
- use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people;
- bring no firearm to any CCE program except when essential to the purposes of the program;
- use any potentially dangerous item in accordance with the safety procedures prescribed for the program;
- report all unsafe conditions and accidents to professional Extension staff as soon as possible;
- handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;
- observe all state and federal laws with respect to power equipment and minors.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Cornell University**  
**Cooperative Extension**  
**Schoharie and Otsego Counties**

**Schoharie County**  
 173 South Grand St.  
 Cobleskill, NY 12043-4649  
 t. 518.234.4303  
 t. 518.296.8310  
 f. 518.234.4305  
 e-mail: schoharie@cornell.edu

**Otsego County**  
 123 Lake St.  
 Cooperstown, NY 13326-1017  
 t. 607.547.2536  
 f. 607.547.5180  
 t. 607.433.2521  
 e-mail: otsego@cornell.edu

**Oneonta**  
**Outreach Office**  
 31 Maple St.  
 Oneonta, NY 13820  
 t. 607.433.2521

**BACKGROUND SCREENING AUTHORIZATION/CONSENT**

\_\_\_\_\_ **Initial Here** 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 Schoharie and Otsego Counties 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.

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\_\_\_\_\_  
 Applicant Legal Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Social Security Number \*

\_\_\_\_\_  
 Date of Birth\*

\_\_\_\_\_  
 Physical Street Address (not PO Box)

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

\* For identification purposes only

**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 employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

**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) \_\_\_\_\_

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