

Cornell Cooperative Extension Schoharie and Otsego Counties

Master Gardener Volunteer Application (2025-2026)

Directions: Type or print, using black ink. If you need additional space, attach a separate sheet. Be sure to sign the completed application.

GENERAL

1. Name: _____ Occupation/Title: _____

(First)(MI)(Last)

2. Mailing Address: _____

(Street)(County)

(City)(State)(Zip Code)

3. Email: _____

4. Phone: () - () - () -

(Home)(Work)(Cell)

5. Emergency Contact: _____

(Name)(Phone)

6. Have you ever volunteered for CCE before? ☐ Yes ☐ No
If yes, give dates, program, position: _____

7. Age Group: ☐ 18-30 ☐ 31-45 ☐ 46-65 ☐ 66+

8. Gender: ☐ Male ☐ Female ☐ Choose not to disclose

9. Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Choose not to disclose

10. Race: ☐ White ☐ Black/African American ☐ Native American/Alaskan Native ☐ Asian ☐ Hawaiian/Pacific Islander

11. Dates/time frame in which you are available to volunteer: _____

12. Approximately when and how many hours per week would you like to volunteer?

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

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

Organization/Employer	Position/Activity	Dates
_____	_____	_____
_____	_____	_____

15. Describe any education or training you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.

16. Do you have an independent and reliable means of transportation to and from volunteer activities? ☐ Yes ☐ No

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

Name	Mailing Address	Daytime Phone
_____	_____	_____
_____	_____	_____

VOLUNTEER POSITION

Please check the volunteer role(s) that interest you most (or your current position if applicable):

- | | | |
|--|--|--|
| <input type="checkbox"/> 4-H Leader | <input type="checkbox"/> Organizing Events/Activities | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Master Gardener Volunteer | <input type="checkbox"/> Program Development | <input type="checkbox"/> FCS Committee |
| <input type="checkbox"/> Marketing the Organization | <input type="checkbox"/> Resource Development/Fund Raising | <input type="checkbox"/> Ag/Hort Committee |
| <input type="checkbox"/> Organizational Development
(advertising/assisting with programs) | <input type="checkbox"/> Other: (please specify) _____ | <input type="checkbox"/> 4-H Committee |

CCE SEXUAL HARASSMENT PREVENTION TRAINING

By initialing and signing below, you agree that you will completed the Cornell Cooperative Extension supplied Sexual Harassment Prevention Training for Volunteers.

INITIAL HERE: _____

VOLUNTEER AGREEMENT

- 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.
- 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.
- 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.
- 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. 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.
- CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
- 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.
- This agreement is valid for one program year OR until it is terminated by CCE or by me.

INITIAL HERE: _____

PHOTO, VIDEO, AND AUDIO CONSENT

I, the undersigned, hereby ☐ Do consent and authorize, or ☐ Do not consent and authorize, the use or reproduction, by Cornell Cooperative Extension of Schoharie and Otsego Counties, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs. By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

INITIAL HERE: _____

VOLUNTEER ACKNOWLEDGEMENT OF RISK, WAIVER, AND RELEASE

I, the undersigned, hereby apply to participate as a volunteer and/or participant in the programs conducted in cooperation with Cornell Cooperative Extension Association of Schoharie and Otsego Counties and I acknowledge as follows:

- I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer/participant 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 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 Cornell Cooperative Extension.

INITIAL HERE: _____

AFFIRMATION

- 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 is over one day or one date per year 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) or 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 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.

Please Note: Personal information is not made public and is only collected for Cornell Emergency Preparedness purposes. To meet federal civil rights compliance, race, gender, and ethnicity information is requested from every Volunteer, Board and Committee member.

INITIAL HERE: _____

BACKGROUND SCREENING

Safety and overall risk management for our volunteer force and our program participants, especially youth, are a priority for Cornell Cooperative Extension. Another priority is protecting our organization, our associations, our staff and board members. Both from a best practices standpoint and to maintain insurance coverage, the organization has to have a solid program and guidelines for background screening. Background screening is required every three years for enrolled CCESO Association Volunteers and includes criminal background, sex offender registry, and social security number trace or verification.

In order for CCESO to complete a background check from a reputable company, a social security number must be provided. CCESO takes every precaution and complies with all Cornell policies to safeguard this information. Unfortunately, for liability reasons, enrolled volunteers who are not willing to authorize a criminal background check are ineligible to volunteer for the association.

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.

By initialing here I agree to complete the Background Check Authorization Form (when due) including providing my social security number.

INITIAL HERE: _____

VOLUNTEER CODE OF CONDUCT

Cornell Cooperative Extension (CCE) volunteers accept responsibility to represent CCE with dignity and pride, serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

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;
- 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;
- Refrain from using my CCE volunteer status for personal or business financial gain;
- Fulfill my assigned volunteer duties, including completion of required records/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.

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;
- Refrain from the use of alcohol, tobacco, and inappropriate language;
- Commit no illegal or abusive act including but not limited to sexual harassment or any form of harassment.

To maintain a safe and healthful environment for program participants, volunteers 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 purposes 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;
- Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witnessing, or aware of potential incidences.

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

Description of Program: Volunteer of Cornell Cooperative Extension of Schoharie and Otsego Counties

Date(s) of Program: Various dates throughout volunteer service

SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____
(Must be a CCE Employee)

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