

Cornell University
Cooperative Extension
Fulton and Montgomery Counties

20 Park St, Room 202
Fonda, NY 12068
t. 518.853-2135
f. 518.853-2129
www.ccefm.com

September 15, 2020

Dear Cooperative Extension Volunteer,

Cornell Cooperative Extension (CCE) has a volunteer involvement policy that is being consistently implemented throughout New York State as of September 2005. Providing a safe environment for all CCE participants is an organizational priority.

CCE of Fulton and Montgomery Counties has been diligent in implementing this policy for all volunteers. *An elected volunteer* is a person who was nominated and elected to serve as part of the officially established governance of the CCE Association in accordance with the rules set forth in NY County Law 224 (8)(b) and the CCE Association Constitution. *An enrolled volunteer* is a person who accepts a role defined by a written volunteer position description for a period of at least one year. In addition to a completed volunteer application, a signed CCE volunteer agreement/code of conduct, and reference checks, we will check the motor vehicle record and/or criminal background for those *enrolled volunteer* positions where they are required.

We want you to know that the information we gather will be kept in a secured file cabinet and may be updated periodically. Information will be kept on file for a minimum of 6 years following the receipt of your volunteer application or the termination of your involvement as a volunteer for CCE (whichever is longest).

Please return your completed and signed volunteer application, authorization/consent form, DMV form, and signed code of conduct in the enclosed envelope marked "confidential" to Brian Gilchrist in the CCE Office **ASAP**.

Thank you for participating in this process. If you have questions or concerns about the CCE volunteer involvement screening procedures, please contact me at 853-2135 or gad23@cornell.edu.

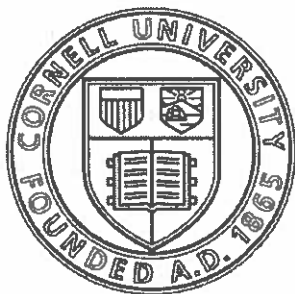
Sincerely,

Georgia Dutcher

Georgia Dutcher
Administrative Assistant

Enclosures

Building Strong and Vibrant New York Communities



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Fulton & Montgomery Counties Volunteer Application

- Directions:**
- *Type or print, using black ink
 - *If you need additional space, attach a separate sheet
 - *Sign the completed application

GENERAL				
NAME (Last)	First	Middle	Today's Date	
Mailing Address - Street			Daytime Phone # ()	Evening Phone # ()
City	State	ZipCode	Email address if any	Birthdate if under 18
Have you ever volunteered for CCE before, either in this or another county? If yes, give dates, program, position <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date available? From			Approximately when and how many hours/week would you like to volunteer? To	
VOLUNTEER POSITION: Please check the volunteer role(s) for which you are applying.				
<input type="checkbox"/> 4-H Leader <input type="checkbox"/> 4-H Program (other than club) <input type="checkbox"/> Master Gardener <input type="checkbox"/> Nutrition Program <input type="checkbox"/> Financial Literacy Program			<input type="checkbox"/> Organizing events/activities <input type="checkbox"/> Program development <input type="checkbox"/> Marketing the organization <input type="checkbox"/> Resource development – fund raising <input type="checkbox"/> Other: (please specify) _____	
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek				
Organization/Employer	Position/Activity			Dates
Describe any education or training that 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.				

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 have an independent and reliable means of transportation to and from volunteer activities? Yes No

REFERENCES: List 3 people, not CCE staff and not those related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

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.

Do you possess a valid NYS Driver's License? Yes No

NOTE: CCE recommends that volunteers not drive others to CCE sponsored activities and events.

However, under certain circumstance, I understand that this may occur. I therefore verify that I have a valid driver's license, car registration, inspection sticker, and automobile insurance as required by the state. I understand that if I ever lack any of the above requirements, I will not drive others to CCE sponsored activities and events.

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 Fulton and Montgomery 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.

Signature _____ Date _____



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AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension of Fulton and Montgomery Counties, I hereby authorize LexisNexis, on behalf of Cornell Cooperative Extension of Fulton and Montgomery Counties, to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, department 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.

Volunteer Signature

Date

Address

Social Security Number*

Date of Birth

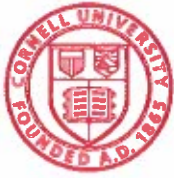
*For identification purposes only

BACKGROUND VERIFICATION DISCLOSURE

This is used to information 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 an employee.

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

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MOTOR VEHICLE RECORD REQUEST PERMISSION FORM

I, the undersigned, give authorization for Fulton County Department of Motor Vehicle and Cornell Cooperative Extension of Fulton and Montgomery Counties, to obtain a current copy of 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.

PRINT OR TYPE ALL INFORMATION

NAME AS IT APPEARS ON LICENSE: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

STATE OF LICENSE: _____

DATE: _____

SIGNATURE: _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Fulton and Montgomery Counties (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.

(OVER)

Cornell Cooperative Extension Association 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.

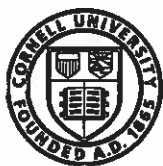
- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program I serve.
- Execute CCE business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants 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.

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.

CCE Volunteer _____ Date _____

CCE Representative _____

Date _____ Name _____ Title _____



Cornell University
Cooperative Extension
Fulton and Montgomery Counties

Volunteer Position Description

Title: 4-H Resource Leader

Description of Project (or Purpose of Position): To provide instruction and informed guidance to youth (ages 8-19) in a 4-H group setting (i.e. club(s), special interest series, quiz bowl team(s)) or individual 4-H member setting as youth complete requirements and participate in activities related to a specific 4-H subject matter project or category (i.e. clothing & textiles, tractor safety, aerospace, community-service learning, horse science, dairy science, 4-H shooting sports, dog obedience/agility).

Responsibilities (or Tasks):

- Using instructional aids and lesson outlines in 4-H project guides, land-grant university materials, USDA resources or other materials recommended by 4-H staff, plan and implement a series of project meetings/sessions, teaching skills in project and assisting youth in selection of goals and recognizing accomplishments. Keep updated on the content of and resources available for projects in the designated category through project leader trainings, consultation with appropriate 4-H Extension and other avenues.
- Encourage participation by youth in the designated project category.
- Increase youth awareness of community, career opportunities, and subject matter topics/advances by implementing/suggesting appropriate field trips and encouraging participation in county, regional, and statewide events related to specific project area.
- Maintain attendance records at project meetings/sessions. Submit information to the 4-H club secretary monthly or 4-H Extension staff at the conclusion of the multi-session learning experience.
- Assist with specific project-related activities at the county level whenever possible (i.e. Fonda Fair)
- Assist youth with completion of accurate project records, emphasizing the importance of record keeping in life experiences. Assist youth with completion of fair exhibit entry forms, public presentation preparation and any paper work related to their project participation.
- A resource leader may work with the members of one or more 4-H clubs, with the participants in one or more 4-H special interest series/groups, or with one or more individual 4-H members.

Anticipated Audience: Variable number of youth, ages 8-19 years.

Expected Results: 4-H youth will participate in projects appropriate for their age and experience and will achieve the stated objectives. They will enjoy their project experience and feel a sense of pride in their accomplishments.

Training and Support:

- Introduction to Cornell Cooperative Extension of Fulton & Montgomery Counties and the 4-H Youth Development Program and its philosophy for learning and its risk management policies;

- Support/Education Commitment: Subject matter project leader training opportunities as offered; Quarterly Volunteer Team Meetings, 2-hours each; Web-based information/resources;
- Printed 4-H Project Guides available for purchase; some teaching aids, tools and equipment may be available from the Extension office.
- Supervisor: If volunteer is instructing in a 4-H club setting, then the supervision comes from the 4-H Club Organizational Leader in conjunction with 4-H Educator with responsibilities in designated subject matter category. If volunteer is implementing a special-interest series, quiz bowl sessions, or instruction with individual 4-H member(s), then direct supervision comes from the 4-H Educator with responsibilities in the designated subject matter category

Reporting: List of youth completing the project due to 4-H Club Organizational Leader or Extension 4-H Educator as appropriate within one month of the last project meeting; Completion of annual performance evaluation tools.

Time Commitment: Variable depending on the number of youth in the project group and the complexity of the project; A minimum of 6 hours of sequential instructional experiences, in addition to volunteer leader preparation time, are required to complete a 4-H project; many projects require more time. Length of Term: One 4-H program year (October 1-September 30)

Qualifications:

- Desire and ability to work with youth in an educational setting and a sincere interest in their growth and development;
- General knowledge and skill in a designated subject matter category;
- Willingness and availability to attend training sessions and/or consultation with appropriate 4-H youth development staff;
- Effective communication, organization and interpersonal skills;
- Favorable completion of background and motor vehicle screening;

Level of Background screening required: *check appropriate box(s)*

- Reference Check** – Enrolled Volunteers
- Department of Motor Vehicle (DMV) Check** – Enrolled Volunteer responsibilities involve transportation of others or use of CCE Association vehicles
- Criminal Background Check** – Enrolled Volunteer when responsibilities include unsupervised work with minors, individuals over 65, or individuals with disabilities

Benefits:

- Annual recognition program;
- Enhance personal knowledge and skill in project category and leadership skills;
- Build relationships with other Extension/4-H volunteers;
- Derive satisfaction from helping youth to reach their potential;
- Conference scholarships and chaperone selection;
- Membership and vote in Fulton & Montgomery Counties’ Cornell Cooperative Extension Association; Invitation to Extension Association’s Annual Meeting;



Fulton-Montgomery 4-H Member/Leader Enrollment Form - Page 1

Club Name: _____ Status (circle one): New Re-Enrollment

Last Name: _____ First Name: _____ MI: _____
Birth Date (youth only) _____ 4-H age: _____ (as of January 1) Years in 4-H: _____
Home Phone: () _____ Mobile Phone: () _____ Other Phone: () _____
Email: _____ Email Newsletter? Y N
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
County of residence (circle one): Fulton Montgomery Township: _____
Current other 4-H club membership(s) _____

Is enrollee disabled? Y N Disability: _____ Require accommodation for program? Y N
School (youth only): _____
Is enrollee from a military family? Y N If yes, circle one: Active/Reserve/Guard? Branch: _____

Member Enrollment Category (circle one): Member or Cloverbud Is enrollee a Youth Leader? Y N
Volunteer Leader Enrollment Category (circle one): Organizational Project Activity Resource

Gender: M F Grade: _____/Not in School
Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+
Ethnicity: Hispanic/Not Hispanic
Race: ()White ()Black ()American Native/Alaska Native ()Asian ()Native Hawaiian ()White and Black
() White and Am. Native/AK Native () Black and Am. Native/AK Native () White and Asian

Table with 4 columns: Project Name, Project Code, Need Project Material?, Year in Project. Contains 8 rows of blank lines for data entry.

___ I give my permission for the Cornell Cooperative Extension to use a photograph of my child for publicity.
___ I do not want the 4-H office to reveal my name, address, or phone number as part of a public record or list.

Member Signature _____ Leader Signature _____
Parent / Guardian Signature _____ Date: _____

(Over)

Cornell Cooperative Extension Volunteer Code of Conduct

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

- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program(s) I serve;
- Execute CCE business in an ethical manner;
- 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 CCE volunteer duties including completion of required records or reports in a timely manner;
- Use time wisely and work cooperatively with CCE staff and other volunteers;
- Participate in required training programs and use the recommended CCE policies and procedures;
- Accept supervision and support from professional CCE staff and/or management volunteers.

To maintain respectful relationships with individuals encountered through CCE volunteer activities I will:

- Respect and uphold the rights and dignity of all CCE 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;
- Commit no illegal or abusive act.

To maintain a safe and healthful environment for CCE program/activity/event participants I will:

- Follow child protection guidelines
- Refrain from inappropriate language and the use of alcohol especially in the presence of minors and never attend or participate in a CCE program/activity/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 CCE program/activity/event or in other group situations that may glamorize such use in the eyes of young people;
- Bring no firearm to any CCE program/activity/event except when essential to the purpose of the program/activity/event;
- Use any potentially dangerous item in accordance with the safety procedures prescribed for the program;
- Report all unsafe conditions and accidents to professional CCE 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.

I permit the use of any photos, slides, films, or sketches of me taken during a CCE event to be used for publicity, advertising, and/or promotion.

I accept responsibility to represent CCE with dignity and pride conducting myself as a positive role model for CCE program/activity/event participants. I will adhere to the standards of behavior listed above.

Name _____ Date _____

Signature _____

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 25.

Acknowledgement of Risk

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

Name: _____

Date: _____

Signature: _____



- b. Signage must be posted throughout the meeting space to remind users to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- c. Meetings Logs with a list of every person who may have close contact with other individuals will be kept at the CCE office.
- d. If any participant in a 4-H-sponsored meeting or event tests positive for COVID-19, they must communicate the results with the 4-H staff or Executive Director Brian Gilchrist.
- e. This 4-H Club Meeting & Event Safety plan will be posted on the CCE website and communicated to the 4-H volunteers and program participants via the 4-H newsletter, volunteer mailings and meetings.

VII. Exposure Response Process

- a. To prevent exposure, stay-at-home requirements apply to any youth participant or sibling, parent or volunteer that are exhibiting any health-related symptoms such as:

Cough	Chills
Shortness of breath	Muscle pain
Difficulty breathing	Sore throat
Fever	New loss of taste or smell
- b. If a 4-H participant tests positive following a 4-H sponsored event, the local health department will be notified and cooperate with contact tracing efforts, including sharing the list of those who had close contact with the individual during a 4-H sponsored event, while maintaining confidentiality required by state and federal laws and regulations.
- c. Isolation, containment and contact tracing procedures will be followed as required and advised by the CDC, NYS Department of Health, Fulton County Public Health and Montgomery County Public Health.

Affirmation:

Affirm you have reviewed and understand these safety expectations, and that you will implement them.

4-H Volunteer/Program Organizer: _____ Date: _____

4-H Issue Leader: _____ Date: _____

Please refer to 4-H Meeting Guidelines Due to COVID-19 that can be found on our website, <https://ccefm.com/>
