



Cornell University
Cooperative Extension
Franklin County

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Volunteer Application

- Directions: *Type or print, using blue or black ink
 *If you need additional space, attach a separate sheet
 *Sign the completed application and return to your county CCE office

GENERAL			
Name (Last)	First	Middle	Today's Date
			Day Time Phone # ()
Mailing Address	Cell Phone # ()		Evening Phone # ()
City	State	Zip Code	Email address
County of Residence:			
Emergency Contact Name:		Emergency Contact Phone # ()	
DEMOGRAPHIC INFORMATION: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age Group: Please Circle one 18-29 30-44 45-64 65+	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other Living Environment: <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban		Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Army <input type="checkbox"/> Army Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Active Air Force <input type="checkbox"/> Air Guard <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Active Navy <input type="checkbox"/> Naval Reserve <input type="checkbox"/> Active Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Active Coast Guard <input type="checkbox"/> Coast Guard Reserve	
Have you ever volunteered for CCE before? If yes give dates, program, position <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available? From		To	
Approximately when and how many hours/week would you like to volunteer?			
VOLUNTEER OPPORTUNITY: Please check the volunteer role(s) that interest you most.			
<input type="checkbox"/> CCE Board or Advisory Committee <input type="checkbox"/> Family Resource Centers <input type="checkbox"/> 4-H Youth Development <input type="checkbox"/> Master Gardener <input type="checkbox"/> Program Development <input type="checkbox"/> Organizing Event/activities <input type="checkbox"/> Resource Development – Fundraising <input type="checkbox"/> Other: (please specify) _____			

<p>How did you hear about us?</p> <input type="checkbox"/> Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) <input type="checkbox"/> From a Staff Member/Volunteer <input type="checkbox"/> From a Friend <input type="checkbox"/> At an event <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Other _____	<p>Why are you interested in volunteering for CCE?</p>						
<p>Are you currently Employed? <input type="checkbox"/> Yes (<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time) <input type="checkbox"/> No <input type="checkbox"/> Retired Current or Most Recent Job: Employer:</p>							
<p>List your volunteer, paid or educational experiences that relate to the volunteer opportunity you seek</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Organization/Employer</th> <th style="width:33%;">Opportunity/Activity</th> <th style="width:33%;">Dates</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Organization/Employer	Opportunity/Activity	Dates			
Organization/Employer	Opportunity/Activity	Dates					
<p>List any education, skills or training that you have had related to the volunteer opportunity you seek. (ie. experiences, interests along with hobbies, licenses, certifications, or other interests you consider relevant)</p>	<p>Highest Level of Education Completed</p> <input type="checkbox"/> Grade School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree or Higher <input type="checkbox"/> Other(Specify)						
<p>Accommodations: Describe any physical or health accommodations that may be needed to allow you to participate as a volunteer.</p>							
<p>Do you possess a valid NYS Driver's License?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>NOTE: If the volunteer opportunity 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. Results of this check will be used to determine your eligibility to drive on behalf of the association.</p>							
<p>Have you ever been convicted of a criminal offense other than a minor traffic violation? (if yes, please specify)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<p>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 opportunity for which you have expressed an interest.</p>							

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

Name	Mailing Address	Email Address	Daytime Phone #

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 Franklin 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 opportunity. I understand, if the volunteer opportunity I seek involves is for more than one day per year that a criminal background check including a sexual offender search, National Criminal File Check and a Social Security Number Verification will be conducted.

I understand and agree that the volunteer opportunity at CCE for which I am applying, is without financial compensation. 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 opportunity at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason with or without cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time. I understand and agree that my volunteer opportunity 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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Photo, Video, and Audio Consent and Release Form

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension- sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Signature:	Date:
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Cornell Cooperative Extension provides equal program and employment opportunities.
Adapted from CCE Chemung County Form.