CCE Tioga County CCE Chemung County

56 Main Street Human Resources Center

Owego, New York 13827 425 Pennsylvania Avenue

Phone (607) 687-4020 Elmira, New York 14904

Fax (607) 687-3619 Phone (607) 734-4453

 Fax (607) 734-7740

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

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|  GENERAL |
| Name (Last) First Middle | Today’s Date |
| Day Time Phone #( ) |
| Mailing Address | Cell Phone #( ) | Evening Phone #( ) |
| City State Zip CodeCounty of Residence: | Email address  |
| Emergency Contact Name: | Emergency Contact Phone #( ) |
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| DEMOGRAPHIC INFORMATION:  Gender: □ Male □ Female | Age Group: Please Circle one18-29 30-44 45-64 65+ |
| Ethnicity: □ Hispanic/Latino □ Not Hispanic/LatinoRace: □ White □ Black □ Native American □ Asian □ Pacific Islander □ OtherLiving Environment:  □ Rural □ Suburban □ Urban  | Military Status:  □ Veteran □ Active Army □ Army Guard □ Army Reserve □ Active Air Force □ Air Guard□ Air Force Reserve □ Active Navy □Naval Reserve □ Active Marine Corps □ Marine Corps Reserve□ Active Coast Guard □ Coast Guard Reserve |
| Have you ever volunteered for CCE before? If yes give dates, program, position□ Yes□ No |
| Date available?From To | Approximately when and how many hours/week would you like to volunteer? |

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| VOLUNTEER OPPORTUNITY: Please check the volunteer role(s) that interest you most. |
| TIOGA□ CCE Board or Advisory Committee□ Family Resource Centers□ 4-H Youth Development□ Master Gardener□ Program Development□ Organizing Event/activities□ Resource Development – Fundraising□ Other: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CHEMUNG□ CCE Board or Advisory Committee□ Chemung Volunteer Action Corps□ 4-H Youth Development□ Master Gardener□ Program Development□ Organizing Event/activities□ Resource Development – Fundraising□ Other: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you hear about us?□ Newspaper□ Online□ Social Medial (Facebook, Twitter, etc.)□ From a Staff Member/Volunteer□ From a Friend□ At an event□ Brochure/Flyer□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Why are you interested in volunteering for CCE? |
| Are you currently Employed? □ Yes (□ Full Time □ Part Time) □ No □ Retired Current or Most Recent Job:Employer:  |
| List your volunteer, paid or educational experiences that relate to the volunteer opportunity you seek Organization/Employer Opportunity/Activity Dates  |
| 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) | Highest Level of Education Completed□ Grade School□ Some High School□ High School Diploma/GED□ Some College□ Associate’s Degree□ Bachelor’s Degree or Higher□ Other(Specify) |

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| Accommodations: Describe any physical or health accommodations that may be needed to allow you to participate as a volunteer. |
| Do you possess a valid NYS Driver’s License? □ Yes □ No  | Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities? □ Yes □ No |
| ***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.* |
| Have you ever been convicted of a criminal offense other than a minor traffic violation? (if yes, please specify)□ Yes □ No  |
| ***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.*  |
| 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 # |
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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 Tioga or Chemung 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.

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| Signature: | Date: |

**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.

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| Signature: | Date: |

Cornell Cooperative Extension provides equal program and employment opportunities.