**Cornell University**  
**Cooperative Extension**  
**Chautauqua County**  
**Volunteer Application**

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

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<th>GENERAL</th>
<th>First</th>
<th>Middle</th>
<th>Today’s Date</th>
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<tbody>
<tr>
<td>NAME (Last)</td>
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<tr>
<td>Mailing Address-Street</td>
<td>Daytime Phone #</td>
<td>Evening Phone #</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Email Address</td>
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Have you ever volunteered for CCE before? If yes, give dates, program, position

**Volunteer Position: Please check the volunteer role(s) that interest you most.**

- [ ] 4-H Organizational Leader (organizes a county club)
- [ ] 4-H Project Leader (teaches projects to youth)
- [ ] Advisory Committee Member (serves on a committee for a county wide project)
- [ ] General 4-H Volunteer

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

List your previous volunteer/employment experiences (list current or most recent experience first.)

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Are you a 4-H Alumni?  

County where you were in 4-H?

Have you ever been a 4-H Leader?  

YES/NO  

If yes, how many years?

Do you have any special skills or have you had any special training?
**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 two people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete address.

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:** 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 vehicles record request permission form.

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 Chautauqua County to obtain from all persons, including those not names 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 see involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search may 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 that if I am offered and accept a volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at anytime 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: ___________________