

2024-2025 Chautauqua County 4-H

Volunteer Enrollment Form

Extension Connection Preference

Club Name

Chautauqua County

Postal Mail Email

First Name	Last Name
Preferred Name	Email
Mailing Address	Mailing Address 2
City	State
Zip Code	Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender not listed <input type="checkbox"/> Prefer not to respond	Primary Phone
Cell Phone <input type="checkbox"/> Check box if you text	Work Phone
Work Extension	Fax
Years in 4-H	

Emergency Contact - *Required

Name	Phone
Cell Phone	Relationship

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

Race

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

Residence

<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	

Military

<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
<input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a son/daughter serving in the military
<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Committees

Club Projects

Project	Volunteer Title	Years In
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By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Cornell Cooperative Extension of Chautauqua County at any time after the receipt of this authorization and throughout the course of my volunteer service.

Volunteer Signature _____ Date _____

CCE VOLUNTEER CODE OF CONDUCT

All Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

To maintain a safe and healthful environment for program participants I will:

- refrain from disruptive use of social media, email, text, or IM. It is acknowledged by the Chautauqua County 4-H that social media may be used to promote, encourage, and display county pride and club/program unity. It is also a good way to communicate club/program news and notes. The Chautauqua County 4-H also acknowledges that social media can be used in disruptive and destructive ways such as, but not limited to, bullying, taunting, intimidation, and slander. Use of social media in these ways, including but not limited to, posting or distributing literature or material containing a threat of violence, injury or harm, slanderous accusations or depicting violent actions against members, volunteers or staff is strictly prohibited.
- 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 the purpose of the program;
- use any potentially dangerous item in accordance with the safety procedures prescribed for the program;
- report all unsafe conditions and accidents to Extension staff as soon as possible; and
- handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted in a safe and responsible manner; observe all state and federal laws with respect to power equipment and minors.

To maintain a responsible relationship with Cornell Cooperative Extension, 4-H volunteers will:

- respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program they serve;
- execute CCE business in an ethical manner;
- preserve the confidentiality of information about program participants and CCE internal affairs as outlined in the confidentiality policy;
- refrain from using CCE volunteer status for personal or business financial gain;
- fulfill assigned volunteer duties, including completing of required records or reports, in a timely manner;
- use time wisely and work cooperatively with Extension staff and other volunteers;
- participate in required training programs and use the recommended policies and procedures; and
- accept supervision and support from Extension staff and/or management volunteers.

To maintain a respectful relationship with individuals encountered through volunteer activities 4-H volunteers 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; and
- commit no illegal or abusive act including harassment of adults and/or 4-H members.

I hereby give permission for photographs of myself and my family members to be used by Cornell Cooperative Extension in publications, publicity and public displays.

I have read and will abide by the 4-H Volunteer Code of Conduct.

I want the Cornell Cooperative Extension Office to be aware of the following disability: _____

All 4-H programs offered by or through USDA's Cooperative Extension Service are available to all eligible persons without regard to race, color, national origin, sex, disability, age, political beliefs, religion, marital status, or familial status. No eligible person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any such program or activity.

Signature

Volunteer Applicant _____ Date: _____

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE - ADULT

(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Chautauqua County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above 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 risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I am in good health and **I am at or above the minimum age of eighteen (18)** required to participate in this activity and I 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 CCE.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, 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 AN ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: October 1, 2024—September 30, 2025

DESCRIPTION OF PROGRAM: Chautauqua County 4-H Volunteer

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE : _____ DATE: _____

WITNESS: _____ SIGNATURE: _____

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of show.