



# Cornell University Cooperative Extension Oswego County

## 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:	Birthdate if under 18
Have you ever volunteered for Cornell Cooperative Extension before? <input type="checkbox"/> Yes    Where and when? _____ <input type="checkbox"/> No				
Date available? From                      To			Approximately when and how many hours/week would you like to volunteer?	
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.				
<input type="checkbox"/> 4-H Club Organizational Leader <input type="checkbox"/> 4-H Club Project Leader <input type="checkbox"/> 4-H Club Activities Leader <input type="checkbox"/> 4-H General Volunteer			<input type="checkbox"/> Master Gardner <input type="checkbox"/> Master Forest Owner <input type="checkbox"/> 4-H Shooting Sports Instructor	
What interests do you wish to pursue or what do you hope to accomplish by serving as a Cornell Cooperative Extension of Oswego County volunteer?				
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek.				
Organization/employer		Position/Activity		Date
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 independent and reliable means of transportation to and from volunteer activities?

☐ Yes ☐ No

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

Name	Mailing Address	Phone Number
1		
2		
3		

**Have you ever been convicted of a criminal offense other than a minor traffic violation?**

☐ No ☐ Yes ( if yes) Please list offense and date(s)\_\_\_\_\_

**NOTE:** A criminal record will not necessarily bar the 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 New York State Driver's License?** \_\_\_\_ Yes \_\_\_\_ No

**NOTE:** If the volunteer position you seek requires the transportation of others in your personal vehicle or use of Cornell Cooperative Extension of Oswego County vehicles, you will be asked to complete a motor vehicle 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 of Oswego County volunteer. I authorize Cornell Cooperative Extension of Oswego 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 position. **I understand, if the volunteer position I seek involves unsupervised by a CCE employee 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 liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at Cornell Cooperative Extension of Oswego County 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 Cornell Cooperative Extension. 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 my signing the Cornell Cooperative Extension Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_