



NYS 4-H Leader / Volunteer Enrollment Form

County: _____

Date: _____

Last Name:* _____ First Name:* _____ MI: _____
Preferred Name: _____ Volunteer ID: _____ Years in 4-H: _____
Birth Date:* _____ Education Level: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State:* _____

County: (of residence):* _____ Zip: _____

Number of Years at Current Address: _____

Township: _____

Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+

E-Mail: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Call at Work? YES NO Best time to Call: _____

Serving in the Military? YES NO If so, current status? _____ Branch: _____

Would like to receive newsletter? YES NO

4-H Info

Volunteer Type: None Project

General Activity

Resource

Interaction Type: Indirect Volunteer

Direct Volunteer

Middle Manager

Enrollment Date:* _____

Status: New

Returning Inactive

ES237 Demographics

Gender: Male Female

Ethnicity (circle one): Hispanic Not Hispanic

Race: () White () Black () American Native/Alaskan Native () Asian () Native Hawaiian () White and Black () White and Am. Native / AK Native () Black and Am. Native / AK Native () White and Asian

FOR OFFICE USE ONLY

System Permissions:

None

National Council

National Headquarters

State Staff 1

State Staff 2

County Staff 1

County Staff 2

Club Leader

Enrollment Fee Paid? Y N

Cash/Check

Check #: _____

Certified? Y N Certification Sent?: Y N

Certification Sent Date: _____

Certification Cleared? Y N

Certification Cleared Date: _____

Screened Leader? Y N

Screened Leader Date: _____

Forms: ☐ Medical Release? ☐ Photo Release?

☐ Waiver of Liability?

☐ Receive an Email Newsletter?

☐ Volunteer Confidential Self Disclosure

☐ Certified for Online Interaction with Youth?

Is Volunteer disabled? Y N Disability: _____

Has Volunteer been Active in 4-H in Other: Nations: _____ States: _____ Counties: _____

Educational Focus

Club(s): _____ Project Areas: _____

Activities: _____

Certifications: _____

CONFIDENTIALITY AGREEMENT VOLUNTEER

The undersigned Volunteer of Cornell Cooperative Extension ("Extension") has had and/or will have access to certain confidential information relating to clients or program participants or Extension as a result of his/her volunteer service with Extension. The Volunteer acknowledges the confidential nature of the Confidential Information and agrees to keep same confidential as provided herein. As used herein, the term "Confidential Information" shall mean any and all financial information or other information about the client or program participant gained by the Volunteer during his/her volunteer service or designated as Confidential Information in a written directive given to the Volunteer or general written directives related to programming by Extension.

The Volunteer shall (1) treat the Confidential Information as confidential; (2) will not in any way disclose Confidential Information except as directed by Extension as part of the Volunteer's volunteer responsibilities or unless under legal compulsion to do so, to any person or entity other than its representatives who require such information in connection with its business with Extension; and (3) will not use the Confidential Information for his/her own benefit or for purposes other than the furtherance of Extension and its business.

Upon request or direction by Extension or upon termination of volunteer service with Extension, the Volunteer will promptly deliver all Confidential Information in written or other media form (together with any and all copies or summaries the Volunteer may have created there from) to Extension.

The obligation of the Volunteer to maintain the confidentiality of the Confidential Information shall survive the termination of volunteer service of the Volunteer regardless of the reason or reasons for termination of volunteer service with Extension.

Executed this day of , 20____
Cornell Cooperative Extension of _Onondaga_ County

BY: _____

VOLUNTEER SIGNATURE

VOLUNTEER NAME

F.O. R. M. Code 1501
Edition Fall 2010

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 Onondaga 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 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: _____ 10/1/12 -9/30/13 _____

DESCRIPTION OF PROGRAM: ____CCE of Onondaga County 4-H Program

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.
F.O. R. M. Code 1501
Edition Fall 2010

4-H VOLUNTEER CODE OF CONDUCT

The purpose of the *Code of Conduct* is to clearly outline the expected behaviors of all members, leaders, and other volunteers associated with the 4-H Youth Development Program in Onondaga County. These standards have been established by the Youth, Families, & Community Committee and Cornell Cooperative Extension of Onondaga County (CCE) staff. The *Code of Conduct* will be shared with all leaders, volunteers, and members participating in 4-H events and activities. Procedures for establishing understanding of expectations, managing discipline, and consequences for inappropriate behavior are also outlined in this code of conduct. All volunteers are responsible for enforcing this code.

Expected Behavior:

1. All participants are expected to be responsive to the reasonable requests of the adult in charge at the time given.
2. All participants are expected to participate in all of the planned programs, to be on time and follow through on assigned tasks/responsibilities in a manner that insures the safety, well-being, and quality of the educational experience for self and others.
3. All participants will act in a mature, responsible manner, recognizing they are role models for others and are representing themselves as well as the Onondaga County 4-H Program.
4. All participants will be dressed appropriately for the event. Dress will depend on the event. Information given prior to the event will state the type of clothing that is appropriate.
5. All participants will be considerate and courteous of all youth and adults and their property during travel, at group gatherings, and during free time.
6. All participants will respect the rights and opinions of others, even if they disagree, realizing that their customs may be different.
7. All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, or alcoholic beverages, firearms, and/or other weapons at all times (unless you are enrolled in a youth shooting sports program). These are strictly prohibited.
8. All participants are to refrain from romantic displays, sexual activities, and any form of harassment at 4-H events. These actions will not be allowed.
9. Any form of unkind behavior or harassment will not be tolerated.

Procedures for Sharing and Managing Expected Behavior:

1. At least once a year all youth and adult program participants, including parents and guardians, will receive a copy of the *4-H Code of Conduct*.
2. Prior to all overnight programs, an orientation will be conducted by the CCE Educator or adult in charge. The expected behavior and resulting consequences of misbehavior will be shared verbally and/or in writing at this time.
3. Trained adult chaperones will be assigned for all 4-H events. If the chaperone is not a CCE staff member, training for chaperones will be required and will include authority, responsibility, due process, guidelines, and emergency procedures.
4. A *4-H Code of Conduct* including agreed upon behavior expectations, consequences and financial commitment will be required to be signed by the youth (adult) participant and their parent/guardian at the beginning of their 4-H enrollment, or prior to the first event.

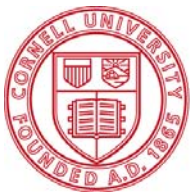
Consequences of Inappropriate Behavior :

(Any of the following may be used, depending on the severity of the situation.)

1. In mild cases, a warning will be given.
2. Able to remain at the event, but possibly barred from future event(s).
3. A meeting with the Educator(s), Executive Director and volunteer to discuss the situation. The decision of the volunteer's status in Onondaga County 4-H may be made at this meeting.

*By signing my name below, I have read and fully understand the "Code of Conduct" above, and will abide by them.

Signature of 4-H Volunteer _____ Date: _____



Cornell University
Cooperative Extension
Onondaga County

The Atrium
2 Clinton Square, Suite 170
Syracuse, NY 13202
Telephone: 315.424.9485
Fax: 315.424.7056
E-mail: onondaga@cornell.edu
www.ExtendOnondaga.org

Photo Release

Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media for educational purposes, on their respective websites or for the promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward: (PRINT) _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____

Date: _____

Sustainable. Educational. Local.

Cornell University Cooperative Extension Onondaga County provides equal program and employment opportunities.
Please contact the CCE Onondaga County office if you have special needs.