



PART 1: VOLUNTEER AGREEMENT

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Livingston County (hereinafter referred to as "CCE"). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

1. I agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation. **That document, along with the Code of Conduct, shall be considered a part of this agreement.**
2. I understand that CCE shall have the right to suspend or release me as a volunteer at any time and for any reason, within the discretion of CCE. I also understand that I have the right to terminate this agreement, recognizing that if I receive significant training for the volunteer position that there is an expectation of volunteer service.
3. I understand that CCE does not provide volunteers with medical insurance; therefore CCE is not responsible for any medical expenses incurred by me. Further, I understand that I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my CCE volunteer affiliation.
4. CCE will cover me as a volunteer under the CCE commercial general liability to protect me against any covered claims for injury to persons or damage to property arising out of my activities as a volunteer. In exchange for volunteer liability insurance protection I, on behalf of myself, my heirs and my representatives, do hereby release Cornell Cooperative Extension and the Association, its officers, directors, employees, and other volunteers from any liability whatsoever for any injury to myself, including death, or damage to my property that arises out of or is in any way related to my volunteer activities unless my injury is the result of the sole negligence of Cornell Cooperative Extension or the Association. I understand that the liability insurance coverage only applies when I am on duty, acting in accordance with CCE guidelines for my volunteer assignment, and all other applicable pre-conditions for coverage under the CCE insurance policy are met.
5. CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
6. I am aware of the terms and conditions of this agreement and agree that the provisions of this agreement do not constitute a contract, either expressed or implied, for employment between CCE and myself.
7. This agreement is valid until it is terminated by CCE or by me.

PART 2: VOLUNTEER CODE OF CONDUCT

CCE volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- Respect and adhere to CCE rules, policies, and guidelines that relate to volunteer activity and the program I serve.
- Execute CCE business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and CCE internal affairs that have been entrusted to me as affirmed by my signature on the Volunteer Confidentiality Agreement.
- Refrain from using my CCE volunteer status for personal or business financial gain.
- Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- Use my time wisely and work cooperatively with Extension staff and other volunteers.
- Participate in required training programs and use the recommended policies and procedures.
- Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- 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.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible

PART 3: ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE

I hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Livingston and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the 4-H club and 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.

Cornell Cooperative Extension Livingston County

4-H Program Year: October 1, 2014 through September 30, 2015

4-H Club Activity (Please select anticipated program participation):

- ☐ All 4-H activities and events for program year
- ☐ Working with dogs
- ☐ Physical Fitness Program
- ☐ Shooting Sports (activity must be approved by CCE 4-H Educator)
- ☐ Cloverbud Activities
- ☐ Cloverbud working with equine or other animal programs

4-H Equine (Horse) Activities

- ☐ Participating in an equine activity
- ☐ Working with equines beyond club level including clinics, camps, shows
- ☐ Working with equine in mounted "over fences" activities

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 AND ACCEPT ALL THE RISKS INVOLVED.

PART 4: CONFIDENTIALITY AGREEMENT

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.

PART 5: PHOTO RELEASE

By signing below, 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 program 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.

PART 6: SIGNATURES

With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understand the terms of all releases, acknowledgements and agreements included in parts: **#1 Code of Conduct, #2 Volunteer Agreement, #3 Acknowledgment of Risk, #4 Confidentiality Agreement, # 5 Photo Release.**

CCE Volunteer Full Name (print) _____ Today's Date _____

CCE Volunteer Signature _____

CCE Representative (Name & Title) _____ Date _____

I would like to receive information about (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Produced in New York (Food Presentations | <input type="checkbox"/> Public Presentations |
| <input type="checkbox"/> Creative Fiber Arts Revue | <input type="checkbox"/> International Night |
| <input type="checkbox"/> New Curriculum/Resources | <input type="checkbox"/> Hemlock Fair |
| <input type="checkbox"/> Teen Council and Teen Related Opportunities | <input type="checkbox"/> Dairy & Livestock (Beef, Swine, Sheep, Dairy, Goats) |
| <input type="checkbox"/> Small Animals (Poultry, Rabbits, Dogs) | <input type="checkbox"/> Horse |
| <input type="checkbox"/> Ag in the Classroom (Ag Literacy Week) | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Community Service Opportunities | |

Workshops/Activities related to (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Communications & Expressive Arts | <input type="checkbox"/> Visual Arts & Photography | <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Fine Arts & Crafts | <input type="checkbox"/> Textiles & Clothing | <input type="checkbox"/> Home Environment |
| <input type="checkbox"/> STEM (Science, Technology, Engineering and Math) | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Horticulture/Plant Science |
| <input type="checkbox"/> Environmental Education/ | <input type="checkbox"/> Robotics | <input type="checkbox"/> Cloverbud Activities |
| Natural Resources | | |