

Cornell Cooperative Extension of Chemung County

Volunteer Application

Name _____ Occupation _____
(Last) (First) (Middle)

Address _____
(Street/PO Box) (Town) (Zip + 4)

E-mail address _____ Phone: Day _____ Night _____
(Best time to call) (Best time to call)

Sex: ___M ___F Age: ___<19 ___19-54 ___55 & > Race: ___A/P ___Blk ___His ___Mid E ___Mult ___NatAm ___Wht

Driver's License # _____ Date of Birth _____

Note: Your motor vehicle driving record will be checked if the volunteer position you seek involves transportation of others. If you use your personal auto in your volunteer service, by signing this application, you also agree to keep in effect auto liability insurance equal to the state minimum requirement.

Accommodations: Given the expectations and essential functions of the volunteer position for which you are applying, do you need any physical or health accommodations? ___yes ___no If yes, please describe _____

Volunteer History: Have you ever been involuntarily terminated from a volunteer position? ___yes ___no If yes, please tell us when and why: _____

Criminal History: A criminal record will be evaluated only in relation to the volunteer position for which you have applied. Seriousness and nature of offense, time elapsed and rehabilitation will be considered. Have you ever been convicted of a criminal offense? ___yes ___no: If yes, please give date, nature of the offense and disposition: _____

Have you ever been held accountable for abuse, maltreatment or neglect of children, the elderly, or individuals with disabilities? ___yes ___no: If yes, please explain: _____

References: List two persons **not related to you** who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed. By signing this application, you also authorize contact of listed references and verification of delinquency history

1. Name _____

Address _____
(Street/PO Box) (Town) (Zip)

Phone: _____ How do you know this person? _____

2. Name _____

Address _____
(Street/PO Box) (Town) (Zip)

Phone: _____ How do you know this person? _____

I release all parties contacted from all liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer. I give my permission to appear in public relations materials for Cornell Cooperative Extension.

Date _____ Signature _____

For Office Use Only

PROGRAM:

Category: ___1A ___1 ___2 ___3 Drivers License Check Required? ___Yes ___No

Program: ___Ag ___Env ___Nut ___Fam ___Div ___4-H ___Org

2/3/03

Cornell Cooperative Extension actively affirms equality of program and employment Opportunities regardless of race, color, national origin, religion, disability, age, gender, sexual orientation or marital status.

H.R Use

___ Background Check

___ Reference Check

Date Received ___/___/___

Date Submitted ___/___/___

Date Returned ___/___/___

___Accepted ___Denied

Signature