



Have you ever been convicted of any criminal offense other than minor traffic violations? If so, please explain. A criminal conviction will be considered only in relation to the position in which you are interested. Seriousness and nature of the offense, time elapsed and rehabilitation will be taken into account.

No \_\_\_\_\_ Yes \_\_\_\_\_ (Please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References: List three persons not related to you who have definite knowledge of your qualifications. Must have complete addresses. If additional space is needed, please attach another piece of paper.

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**4-H Volunteer Code of Conduct**

**4-H volunteers will represent Cornell Cooperative Extension of Franklin County's 4-H program with dignity and pride. Respect members, parents, other volunteers, extension educators, and professionals involved with the program. Refrain from physical or verbal abuse. Work in a cooperative manner, exhibit good sporting conduct, and provide an effective county, state, and national program. Refrain from the use of tobacco products in the presence of youth. Youth are influenced by role models and 4-H volunteers should reinforce the health "H" by being positive, healthy role models. Operate machinery, vehicles and other equipment in a responsible manner. All 4-H volunteers must adhere to these standards. Failure to do so may lead to possible action by Cooperative Extension 4-H Program Committee which may mandate dismissal from the program.**

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this for or during any interview is cause for non-acceptance or termination of the volunteer relationship with this organization. I understand that references contacted will not necessarily be limited to those indicated on this application. I further understand that the Cornell Cooperative Extension Association of Franklin County may end the volunteer relationship at any time or for any reason consistent with applicable state or federal law. If selected as a volunteer, I agree to abide by the 4-H Code of Conduct and the philosophies of Cooperative Extension to the best of my ability.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of interviewing agent \_\_\_\_\_ Date \_\_\_\_\_

## **BACKGROUND VERIFICATION DISCLOSURE**

As part of the employment/volunteer process, Cornell Cooperative Extension Franklin County will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The following Consumer Reporting Agency will prepare the report:

Choice Point Services, Inc.  
1000 Alderman Drive  
Alpharetta, GA 30005

### *California Notice:*

*You have the right under Section 1786.22 of the California Civil Code to contact Choice Point during normal business hours to obtain your file for your review. You may obtain such information as follows:*

- 1. In person at Choice Point's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want Choice Point to disclose to or discuss your information with this third party, you may be required to provide a written statement granting Choice Point permission to do so.*
- 2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.*

*By telephone, if you have previously made a written request and provided proper identification. Choice Point has trained personnel to explain any information that is furnished to you and to explain any information that is coded.*

## AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment/service with Cornell Cooperative Extension Franklin County, I have hereby authorized Choice Point Services, Inc., on behalf of Cornell Cooperative Extension Franklin County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant/Employee Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth\*

\*Optional

**MN & Oklahoma Residents please note:** *In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.*

\_\_\_\_ YES, I am a Minnesota resident and would like a free copy of my consumer report.

\_\_\_\_ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

**CA Residents please note:** *In connection with your application for employment, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.*

\_\_\_\_ YES, I am a California resident and would like a free copy of my credit report; or

\_\_\_\_ YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### FOR OFFICE USE ONLY

**Employer please note:** *If consumer checks "YES" regarding the credit report, and you request a credit report, please fax this form to your Choice Point service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you need to provide the individual with a copy of their consumer report.*

## **Cornell Cooperative Extension Association Volunteer Agreement**

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Franklin 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, including the Code of Conduct it contains, 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.

(OVER)

# Cornell Cooperative Extension Association Volunteer Code of Conduct

Cornell Cooperative Extension (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.

**Signatures:** With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.

CCE Volunteer \_\_\_\_\_ Date \_\_\_\_\_

CCE Representative \_\_\_\_\_

Name

Title

Date \_\_\_\_\_