

Cooperative Extension

## Extension Association Volunteer Information Form

Volunteer Applicant: So we are able to match your skills and talents with the volunteer opening best suited for you, we need to get to know you better. Please complete all parts of this form and return it to our office at 615 Willow Avenue, Ithaca, NY 14850. Thank you.

### General Information

Name (Last)	(First)	(Middle)	Date of application
Present address (street, city, state, zip code)		Phone no. (daytime)	Phone no. (evening)
E-mail address			

Do you possess a valid NYS driver's license?  yes  no

Have you ever been convicted of a crime?  yes  no *If so, please explain. A criminal conviction will be considered only in relation to the position for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.*

### Volunteer Position

Position(s) of interest (If not sure, leave blank) Audience age level preference

Dates, days, and times available Time commitment desired

Where did you learn about this opportunity?

*Cornell Cooperative Extension associations provide equal program and employment opportunities. No person shall be denied on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex, sexual orientation, age, or qualified disability.*

## Volunteer/Employed Experience

Organization/Employer	Position Title/Major Responsibility	From mo/yr to mo/yr

## Other Relevant Experience

Describe any relevant education or training you have had which you feel is related to the position for which you are interested. Also describe any special educational skills, experiences or interests along with organizations, honors, certifications, licenses, publications etc. you consider relevant.

## References

List at least two persons, other than relatives, who are familiar with your character and have knowledge of your qualifications.

Name	Title	Mailing Address	Telephone
			home: work:
			home: work:
			home: work:

I hereby affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cornell Cooperative Extension volunteer. I authorize Cornell Cooperative Extension of Tompkins County to contact listed references and employers and understand that references contacted will not necessarily be limited to those indicated on this form. If appointed as a volunteer, I agree to adhere to the general policies and guidelines set forth by Cornell Cooperative Extension of Tompkins County and to fulfill my assigned volunteer responsibilities to the best of my ability. I realize that this is a non-paid volunteer position.

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

For Office Use:

Date Received \_\_\_\_\_

Position of Interest \_\_\_\_\_

Staff responsible for processing application \_\_\_\_\_

Date references checked \_\_\_\_\_

Date applicant interviewed \_\_\_\_\_

Outcome:

Volunteer position accepted \_\_\_\_\_

Starting Date \_\_\_\_\_

Staff Supervisor \_\_\_\_\_