Wyoming County 4-H Leader Re-Enrollment Form 2026-2027

Thank you for being a part of the Wyoming County 4-H Program!

Please fill out the following form and return to the 4-H Office.

****Please Review the Information Below and Make Any Necessary Changes****

Personal Information:

Family Email: _____

Member Email (if applicable): _____

First and Last Name: _____

Preferred Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City/State/Zip code: _____

Date of Birth: _____

Gender: _____

Primary Number: _____

Correspondence Preference: ❒ MAIL ❒ MAIL AND E-MAIL

Do you wish to receive text messages? ❒YES ❒NO If yes please provide your provider: _____

Demographic Information:

Ethnicity: Are you of Hispanic or Latino ethnicity? ❒YES ❒NO

Race: ❒White ❒Black or African American ❒American Indian or Alaskan Native ❒Hawaiian & Pacific Islander ❒Asian ❒ Prefer Not to State

Residence: ❒*Farm* ❒*Town < 10k and rural non-farm* ❒*Town 10k-50k and suburbs* ❒*Suburbs of City > 50k* ❒*Central City > 50k*

Military Service of Family:

Family Member Military Service: ❒No one in my family is serving ❒I have a parent serving ❒I have a sibling service

Branch: _____ ❒Active ❒Reserve ❒National Guard

2026-2027 4-H Information:

Club/Committee Name: _____

❒ ORGANIZATIONAL LEADER ❒ PROJECT LEADER ❒ ACTIVITY LEADER

Club/Committee Name: _____

❒ ORGANIZATIONAL LEADER ❒ PROJECT LEADER ❒ ACTIVITY LEADER

Club/Committee Name: _____

❒ ORGANIZATIONAL LEADER ❒ PROJECT LEADER ❒ ACTIVITY LEADER

Cornell Cooperative Extension Association

Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Wyoming 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.

Cornell Cooperative Extension Association

Photo, Video, and Audio Consent and Release Form

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension-sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

By signing this form, 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 programs 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. I sign this form freely and without inducement.

☐ I do **NOT** release media consent.

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.

I affirm that the statements made on this document are true. I understand that misrepresentation or omission of facts requested is cause for my removal as a Cornell Cooperative Extension volunteer. I authorize Cornell Cooperative Extension of Wyoming County to obtain from all persons documents, and other information relative to my suitability to perform the duties of the volunteer position. I understand, if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search will be made. I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at CCE for which I am enrolling (or re-enrolling) is without compensation or benefits of any kind. I further understand that the provisions of this document do not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that in this volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for not particular reason or cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the CCE Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and agree to the terms of the Volunteer Agreement, Code of Conduct and Photo Release Form. I further certify that I am at least 18 years of age.

_____ _____

Signature **Date**

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 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: **October 1, 2026—September 30, 2027**

DESCRIPTION OF PROGRAM: **Wyoming County 4-H**

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ SIGNATURE: _____ DATE: _____

(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

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Building Strong and Vibrant New York Communities

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