

Cornell Cooperative Extension of Erie County CommuniTree Steward Volunteer Application – 2018

Part I – All applicants must complete this part.

Name _____
(Last) (First) (Middle)

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

E-mail address _____ Have you passed your 18th birthday? _____

Phone: _____
home _____ work _____ cell _____
(Best time to call) (Best time to call) (Best time to call)

Accommodations: Given the expectations and essential functions of the volunteer position for which you are applying (working outside with hand tools, uneven terrain, variable weather) describe any physical or health accommodations that may be needed.

Volunteer History: If you have ever been involuntarily terminated from a volunteer position please tell us when and why?

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.

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 authorize contact of listed references and verification of delinquency history. 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.

Date _____ Signature _____

Part II – Applicant Profile

A. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?

B. List volunteer, paid or educational experiences that relate to the volunteer position you seek.

(Activity or Position) (Organization or Employer) (Dates)

C. List any skills, hobbies, interests or languages spoken that might be helpful in your volunteer work.

D. We may partner with other groups when implementing CommuniTree Steward projects. Please check the audience(s) you would prefer to work with most to implement tree care and planting projects.

- adults senior adults youth, grades: ___ K-2 ___ 3-5 ___ 6-8 ___ 9-12
 children or adults with disabilities ethnic or cultural none

E. Do you have an independent means of transportation? _____

F. Would you like your contact information included in a CommuniTree Steward directory
(nice for arranging rides, etc.) yes no

G. How did you hear about CommuniTree Stewards? word of mouth radio TV

internet search (keywords? _____) newspaper (which paper? _____)

brochure (where found _____)

Part III – Publicity Release

I, the undersigned, hereby Do consent and authorize, Do Not consent and authorize,
Please check one of the boxes above

The Use or Reproduction, by Cornell Cooperative Extension of Erie County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward, and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward, I certify that I am the Parent/Guardian authorized to sign this release.

Name of Participant: _____
PRINT NAME

Name of Child/Ward: _____
PRINT NAME

Name of Parent/Guardian: _____
PRINT NAME

Signature: _____ Date: _____
Participant, Parent or Guardian

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