



2024-25 Erie County 4-H Adult Leader/Volunteer Enrollment Form

Cornell Cooperative Extension of Erie County, 21 South Grove Street, East Aurora, NY 14052—(716)652-5400
Telephone: (716)652-5400, ext. 131 Email: erie4h@cornell.edu Website: cce.erie.cornell.edu

Personal Information *(please print neatly):*

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone/Cell Phone: _____

Gender: Male Female Gender Identity not listed Prefer not to respond

Emergency Contact: _____ Phone # _____ Relationship: _____

(Circle all that apply.)

Club: _____ Organizational or Project or Activity Leader

Evaluator Judge Alumni or Program Committee Member Other: _____

BACKGROUND SCREENINGS & MVR SCREENINGS ARE REQUIRED. Leaders/Adult Volunteers: MUST have updated screenings/checks performed every 3 years.

Return the attached, completed Background Screening, MVR Request Form, Volunteer Application & reference letters with this application. These items must be completed and submitted before you begin as a Leader or Volunteer.

PLEASE DO NOT Submit your forms leaving blank the Social Security or Driver License Information. If you have concerns about providing this information, please contact Lynn Riley @ the 4-H Office—ldr22@cornell.edu or (716) 652-5400 ext. 131

Sexual Harassment Training **MUST** be done every year

Please go to <https://blogs.cornell.edu/ccevolunteertaining/required-training/> to complete this mandatory training. Once you have completed this training, please email your Acknowledgement to erie4h@cornell.edu. A link for this training is also available on our webpage @ erie.cce.cornell.edu/4-H Youth Development/4-H Forms and Handouts

Ethnicity: I am: Hispanic Not Hispanic
Race: I am (Check all that apply):. White Black Asian Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native Prefer Not to State/Combination
Residence: Farm Town under 10,000 & rural non-farm Town/City 10,000-50,000 & suburbs
 Suburb of city more than 50,000 Central city more than 50,000

____ No one in my family is serving in the Military

____ I am presently serving in the military ____ My spouse is serving in the Military ____ I have a child serving in the Military

Branch: ____ Air Force ____ Coast Guard ____ Army ____ Navy ____ Marines

Cornell Cooperative Extension of Erie County (CCE) is granted permission to use and/or publish my photograph(s) or image (including audio, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or no-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.

I understand that I am not being compensated in any way for the use of our images and that i/we do not have approval over the final product in which it appears. I hereby release CCE and all persons acting under its permission or authority from any and all claims or liability arising out of use of our images. The release shall bind our heirs, guardians, assigns, and legal representatives.

Signature: _____ Date: _____



Acknowledgment of Risk, Waiver & Release - Adult
This form must be completed by all participants 18 years and older

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Erie 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, 2024- September 30, 2025**

DESCRIPTION OF PROGRAM: Volunteer Participation

PARTICIPANT'S FULL NAME (print) _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____



WITNESS: _____

SIGNATURE: _____

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years

F.O.R.M. Code 1501

2018 Edition

Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Erie County (hereinafter referred to as "CCE"). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

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.**

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.

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.

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. 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.

CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.

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.

This agreement is valid until it is terminated by CCE or by me.

Cornell Cooperative Extension Association Volunteer Code of Conduct

Cornell Cooperative Extension volunteers serving accept responsibility to represent CCE with dignity and pride serving as a positive role model for program participants and adhering to the following standards of behavior when engaged in assigned volunteer activities.

To maintain a responsible relationship with Cornell Cooperative Extension, I will:

- 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.
- 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.

To maintain a respectful relationship with individuals encountered through volunteer activities, I will:

- 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 including but not limited to sexual harassment or any form of harassment.

To maintain a safe and healthful environment for program participants, volunteers will:

Follow child protection guidelines;

Refrain from the use of alcohol and inappropriate language, especially in the presence of minors and, never attend or participate in a CCE activity or event under the influence of alcohol or controlled substances;

Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any Extension program or in other group situations that may glamorize such use in the eyes of young people;

Bring no firearm to any CCE program except when essential to purposes for the program;

Report all unsafe conditions and accidents to professional Extension staff as soon as possible;

Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;

Observe all state and federal laws with respect to power equipment and minors;

Report potential incidences of sexual harassment (or any form of harassment) to supervising staff or volunteer coordinator, if experiencing, witnessing, or aware of potential incidences.

CCE Code of Conduct

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 Code of Conduct.

CCE Volunteer Name _____ Date _____

CCE Supervising Staff Member Name _____

CCE Supervising Staff Member Title _____ Date _____





Cornell University Cooperative Extension

ERIE COUNTY ADULT VOLUNTEER APPLICATION

Directions: *Type or print, using blank ink
*Sign the completed application

GENERAL			
NAME (Last)	First	Middle	Today's Date
Mailing Address-Street		Daytime Phone # ()	Evening Phone # ()
City	State	Zip Code	Email address
Date available? From To		Approximately when and how many hours/week would you like to volunteer?	
Have you ever volunteered or worked for CCE before? If yes, give dates, position			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you the most. <input type="checkbox"/> 4-H Leader <input type="checkbox"/> Master Gardener <input type="checkbox"/> 4-H - General Volunteer <input type="checkbox"/> Other: _____			
What interests do you wish to pursue or what do you hope to accomplish by being a CCE volunteer?			
List your volunteer, paid or educational experiences that relate to the volunteer position that you seek:			
Organization/Employer	Position/Activity	Dates	
_____	_____	_____	
_____	_____	_____	
Describe any education or training that you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications or other interests you consider relevant.			

Accommodations: Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate fully in the activity.

Have you ever been convicted of a criminal offense other than a minor traffic violation?

NO YES (If yes) Date(s) _____

NOTE: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the position for which you have expressed an interest.

Do you possess a valid NYS Driver's License? Yes No

NOTE: If the position you seek requires the transportation of others in your personal vehicle or use of CCE Association vehicles, you will be asked to complete a motor vehicle record request permission form.

I understand and agree that the volunteer position at CCE of Erie County for which I am applying is without compensation or benefits of any kind. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between myself and CCE of Erie County. I further understand and agree that if I am offered and accept a volunteer position at CCE of Erie County, either I or CCE of Erie County, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCE of Erie County reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason.

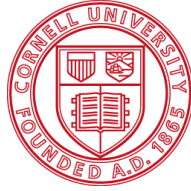
I affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a CCE of Erie County volunteer.

I authorize CCE of Erie County to obtain from all persons, including those not named here, and/or agencies, any records, documents and other information relative to my suitability to perform the duties of the volunteer position.

I understand 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 that I must adhere to required CCE volunteer background screening policies, currently requiring an updated background screening and Motor Vehicle driving record check, every three years.

I understand and agree that my volunteer position is contingent upon, among other things, my signing the CCE of Erie County Association Volunteer Agreement and acceptance of the provisions of the CCE of Erie County Association Volunteer Code of Conduct.

Signature _____ Date _____



Cornell University
Cooperative Extension
Erie County

REFERENCE FORM
For Cooperative Extension Volunteer Position Working Directly with Youth

_____ (name of volunteer) is applying to work with girls and boys in a Cooperative Extension program and has given your name as a reference.

Adults in leadership positions help boys and girls have fun while learning new skills, increasing their abilities to work together, managing their own activities and developing into productive adults.

Cornell Cooperative Extension seeks your assistance in selecting the best-qualified people to serve youth leadership roles and will appreciate your prompt completion of this reference form. All comments will be treated in a confidential manner. Please complete this form in its entirety.

Your name: _____ Phone Number: _____

Your address: _____

How long and in what capacity or positions have you known the applicant? _____

Please use this checklist to evaluate the applicant's leadership qualities. Use the following marking system:

E = Excellent G = Good F = Fair N = Not known

Understanding children		Dependability		Flexibility	
Communication skills		Sense of humor		Patience	
Ability to organize		Sense of fairness		Initiative	
Respect for others		Enthusiasm		Resourcefulness	
Ability to complete a task					

Please share your impression and knowledge of applicant's qualifications for the position by using specific examples where possible.

1. Does the applicant interact well with children?

2. Does the applicant have the ability to work in a leadership role with youth? Other adults?
3. What additional skills, abilities and attributes does the applicant have that would be helpful in this position?
4. Does the applicant have any experience working with people different than themselves? E.g. developmentally disabled, different racial background, different socio-economic background. If so, please describe.
5. Is the applicant organized in handling records and/or money?
6. How would you describe the applicant's general outlook and stability?
7. Would you be willing to place your son and/or daughter, or any other child for whom you are responsible, under his/her leadership? Yes or no and why.
8. Do you know any reason why this person should NOT be considered for this position?

() Yes

() No

If yes, please explain

Signature: _____

Date: _____

Thank you!

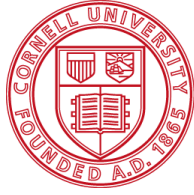
Return to: Cornell Cooperative Extension of Erie County, 4-H Youth Development Program
21 South Grove Street
East Aurora, NY 14052

For Office Use Only!

Date Received: _____ Initials_

References Reviewed: _____ Initials _____

References Recorded: _____



Cornell University
Cooperative Extension
Erie County

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() Yes

() No

If yes, please explain

Signature: _____

Date: _____

Thank you!

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21 South Grove Street
East Aurora, NY 14052

For Office Use Only!

Date Received: _____ Initials_

References Reviewed: _____ Initials _____

References Recorded: _____

Memo

To: All prospective and current Cornell Cooperative Extension of Erie County Volunteers
From: Diane Held, Executive Director
Date: 7/30/2024
Re: Required Volunteer Background Screening

Volunteers have always been a valued and essential part of Cornell Cooperative Extension. As a volunteer, you provide critical outreach on multiple levels to residents of all ages throughout Erie County and across New York State.

As part of our commitment to the excellent volunteer programs of Cornell Cooperative Extension and the well-being of our volunteers and participants we continuously review volunteer policies. Recently, in response to events at other organizations, and in compliance with our insurance underwriter, Cornell Cooperative Extension has updated its volunteer background screening requirement effective March 31, 2013. All volunteers providing more than one day per calendar year will need to have a volunteer background screening, including interns from other agencies and organizations. The Board of Directors of Cornell Cooperative Extension of Erie County adopted this policy at the February 12, 2013 meeting, as required.

The volunteer background screening includes verification of the volunteer's identity, a check for criminal background and sex offender registry; and for volunteers who will drive as part of their role, a motor vehicle driving record check. Please be assured that personal information we gather on volunteers to conduct the screening is treated as confidential, restricted to the screening company and a small number of staff. It is not shared with the insurance company or any other outside party. These screenings cost between \$6 and \$7 for each component, so while the Association is prepared to cover the cost of this initial change, donations to assist with the cost are welcomed.

Thank you for your service as a volunteer to Cornell Cooperative Extension of Erie County. Please contact me at dbh24@cornell.edu if you have any questions about this policy.

Cornell Cooperative Extension Erie County

21 South Grove Street
East Aurora, New York 14052-2345
716.652.5400
erie@cornell.edu
erie.cce.cornell.edu

BACKGROUND SCREENING AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension of Erie County, I hereby authorize LexisNexis Screening Solutions, Inc. on behalf of Cornell Cooperative Extension of Erie County to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts 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, or personal characteristics.

Applicant Legal Name (please print)

Signature

Social Security Number *

Date of Birth*

Street Address

City, State, Zip

Phone

Date

* For identification purposes only

MN & Oklahoma Residents please note: In connection with your application for employment/service, 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: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

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

Printed Name _____

Street Address _____ City, State, Zip _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension in Erie County provides equal program and employment opportunities.

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at the LexisNexis 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 LexisNexis to disclose to or discuss your information with this third party, you may be required to provide a written statement granting LexisNexis 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.
3. By telephone, if you have previously made a written request and provided proper identification.

LexisNexis has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

The following Article 23-A applies to positions in the State of New York only.

**NEW YORK CORRECTION LAW ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



Motor Vehicle Record Request Permission Form

I, the undersigned, give authorization for License Event Notification System (LENS), P. W. Wood and Son, Inc. or Intelli, on behalf of Cornell Cooperative Extension to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record, establish my eligibility to use company vehicles and/or transport program participants, and to monitor my driving record for possible issues that would make me ineligible to continue to perform these functions.

In order to fulfill our organizational purpose to educate NYS residents, LENS data will be used for a public purpose to allow CCE to maintain Public Safety and protect NYS residents and others on the roadways. LENS will send notification about the following events when they post to a drivers' license record:

- accidents (reportable)
- convictions
- expirations
- HazMat (Hazardous Material) endorsement changes
- MedCert (Medical Certification) status changes
- Point and Insurance Reduction Program completions
- license status changes
- suspensions and revocations

* PRINT OR TYPE ALL INFORMATION

Check one:

- Applicant (IF HIRED: Please inform The Wood Office)
- Current Employee
- Volunteer

Name as it Appears on License: _____

Address: _____

Date of Birth: _____

State of License: _____

Driver's License Number: _____

Date: _____

Signature: _____
