

Cornell Cooperative Extension Suffolk County

Extension Education Center
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Riverhead, New York 11901-3071
TEL: 631-727-7850
suffolk@cornell.edu

Annual Volunteer Renewal Sign-off Form

1. Name _____
First _____ MI _____ Last _____

2. Email Address: _____

3. **Volunteer Acknowledgement of Risk, Waiver, and Release**

I, the undersigned, hereby apply to participate as a volunteer and/or participant in the programs conducted in cooperation with Cornell Cooperative Extension Association of Suffolk County, and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer/participant 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 that other participants, accidents, forces of nature, or other causes may cause these risks and dangers, and I hereby fully acknowledge and accept these risks 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 can 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 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 bind 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 vested 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 Cornell Cooperative Extension.

I HAVE READ THE ABOVE, OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE WITNESS, 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 AND ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: Various dates throughout volunteer service

DESCRIPTION OF PROGRAM: Volunteer of Cornell Cooperative Extension of Suffolk County

Initial Here: _____

4. CCE Sexual Harassment Prevention Training Sign Off

The Sexual Harassment Prevention Training can be found here:

<https://blogs.cornell.edu/ccevolunteertraining/required-training/>

You agree that you have completed the Cornell Cooperative Extension supplied Sexual Harassment Prevention Training for Volunteers by initialing and signing below. You have watched the recorded video in full and know how to report sexual harassment to maintain a safe, productive environment in CCE for yourself and others. If you have any questions, you may contact cce-orgdev@cornell.edu or your local CCE office.

Initial Here: _____

5. Volunteer Agreement

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

- As a CCE volunteer, I agree that my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation.
- 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, 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 because 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 per 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 to successfully fulfill 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.
- I understand that it is my responsibility to get clarification from the Program Volunteer Coordinator any information that I find unclear.

SIGNATURE: _____ **DATE:** _____

CCE SIGNATURE: _____ **DATE:** _____
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