

Orleans County
 Cornell Cooperative Extension
 12690 State Route 31
 Albion, NY 14411

Telephone: 585-798-4265
 Fax: 585-798-5191
 E-mail: orleans@cornell.edu
 Web: cce.cornell.edu/orleans

Community Mentor and Volunteer Welcome Packet

Thank you for your interest in volunteering in the Orleans Digital Literacy Initiative with Orleans County Cornell Cooperative Extension!

Our mission is to bridge the digital divide to promote equity in accessing services and educational resources, navigating job searches and using the Internet and other digital resources in ways that are meaningful to our community. Your participation in helping community members increase their digital literacy skills is crucial to our mission.

We value your expertise, experience, and knowledge. Thank you for your dedication to the Orleans community and willingness to provide one-on-one and small group learning opportunities within your organizations to help community members gain the digital skills they need.

The materials the welcome pack include a digital literacy agreement and code of conduct along with a background check authorization form. These forms ensure that we are following the policies and procedures set forth by our Board of Directors and Cornell University, and they assist our staff with supporting you in your volunteer role. If at any time you have questions about becoming a volunteer, or completing the application materials, please contact our office at 585-798-4265 and a staff member will assist you.

Again, thank you for choosing to volunteer at OCCCE to make a positive impact on our community! We are grateful for your service and look forward to working with you!

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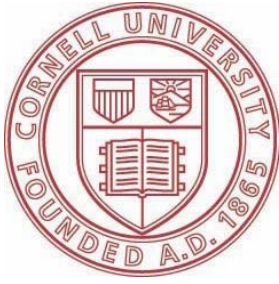
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Growing Resources for Tomorrow

Orleans County Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.



Orleans County Cornell Cooperative Extension New Volunteer Application

Directions: Type or print, using black ink.
If you need additional space, attach a separate sheet.
Sign the completed application.

GENERAL		
Name: Last, First Middle	Birthdate	Today's Date
Mailing Address: Street	Daytime Phone #	Evening Phone #
City	State	Zip Code
Email Address		
Have you ever volunteered for CCE before? Yes ____ No ____ If yes, give dates, program, position.		
Dates available?	Approximately when and how many hours/week would you like to volunteer?	
From	To	
2 hours / month		
Do you live on a farm? Yes ____ No ____	Ethnicity: Hispanic ____ Not Hispanic ____	
Are you serving in the military? Yes ____ No ____	If Not Hispanic: White ____ Black/African American ____ Asian ____	
If yes, which branch: _____	Hawaiian/Pacific Islander ____ Native American/Alaskan ____	
Are you a veteran? Yes ____ No ____	Prefer Not to Answer ____	
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.		
<input checked="" type="checkbox"/> Orleans Digital Literacy Initiative	<input checked="" type="checkbox"/> Community Mentor	
What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?		
List your organization related to the volunteer position		
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 in the activity.

Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities? Yes No

References: List 2 people (not related to you) who have knowledge of your qualifications and may be contacted. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #
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Interview: Applicants are interviewed to ensure their goals, expectations, knowledge, and skills match their volunteer roles. What days and times work best in your schedule for an interview?

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 volunteer position for which you have expressed an interest.

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

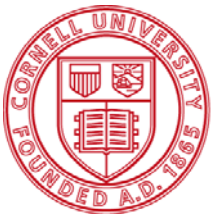
Note: If the volunteer position you seek requires the transportation of others in your personal vehicle or use of CCE Association vehicles, you will be asked to complete a motor vehicle record request permission form.

I 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 Cornell Cooperative Extension (CCE) volunteer. I authorize Cornell Cooperative Extension of Orleans 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 and agree that the CCE volunteer position 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. I further understand and agree that if I am offered and accept a volunteer position at CCE, either I or CCE may terminate the volunteer relationship at any time for any reason or for no 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.

Signature _____ Date _____

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**Orleans
Digital Literacy
Initiative**

Orleans Digital Literacy Mentor Description

Orleans County Digital Literacy Initiative (ODLI) Mentors will provide learning opportunities and experiences for participants to improve their lives and communities through electronic interactions and other digital literacy skills. Mentors will be provided with a Windows 10 laptop, Chromebook, Amazon Fire Tablet, and laptop bag to use for instructional purposes.

Mentor Volunteer Commitment: 2 hours / month

Mentor Volunteer Functions:

- Provide one-on-one or small group instruction to community members on using the Internet and their electronic devices in a way that is meaningful to them.
- Use the Orleans Digital Literacy Initiative training and learning materials.
- Participate in training on digital literacy and annual mentor trainings.
- Provide participants with confidential demographic self-disclosure form at first training session.
- Provide participants with participant survey after each session.
- Complete mentor survey after each session.

Equipment Security Expectations:

- Use ODLI equipment for the sole purpose of community mentoring.
- Community members must use own or public technology (ex: library computer) to access or sign up for services where sensitive information is held or inputted. Examples of services containing sensitive information include but are not limited to banking, insurance, unemployment benefits.
- When accessing the Internet on ODLI equipment use private browsing mode and keep auto-save and auto-fill disabled.
- Allow software auto-updates for all ODLI equipment.
- Store logins and passwords in a secure, locked or encrypted location.
- Keep participant self-disclosed demographic information and participant surveys in a secure location before submitted to the ODLI program coordinator.
- Inform ODLI program coordinator of any equipment failures and software / apps that need to be added for mentoring.

Participant Confidentiality:

- Keep participant utilization of services, personal information, self-disclosed demographic information, and survey feedback confidential.

Contact:

Kathryn Leach

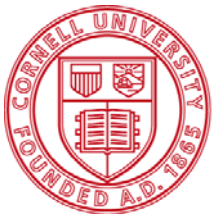
Digital Literacy Program Coordinator

Telephone: 585-798-4265 ext. 146

E-mail: kel99@cornell.edu

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Orleans County Cornell Cooperative Extension Volunteer Agreement

Please affirm your acceptance of the terms of this agreement and the accompanying Code of Conduct with your signature. Also, please accept our sincere thanks for your valuable contribution to Orleans County Cornell Cooperative Extension (OCCCE).

1. I agree that as an Orleans County Cornell Cooperative Extension volunteer, my participation in activities is without monetary or other compensation. The Code of Conduct shall be considered a part of this agreement.
2. I understand that I do not have a formal work appointment for my volunteer services. I understand that Orleans County Cornell Cooperative Extension shall have the right to suspend or release me as a volunteer at any time for any reason, within the Association’s discretion. 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 Orleans County Cornell Cooperative Extension does not provide volunteers with medical insurance; therefore, Orleans County Cornell Cooperative Extension 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 volunteer affiliation.
4. Orleans County Cornell Cooperative Extension will cover me as a volunteer under the Orleans County Cornell Cooperative Extension commercial general liability to protect me against 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 performing volunteer duties, acting in accordance with Orleans County Cornell Cooperative Extension guidelines for my volunteer assignment, and all other applicable pre-conditions for coverage under the Association’s insurance policy are met.
5. Orleans County Cornell Cooperative Extension agrees to provide the orientation, training, supervision, and support necessary for the successful fulfillment of my volunteer responsibilities.
6. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.
7. This agreement is valid for three years from the date of signature.

Volunteer _____ Date _____

OCCCE Representative _____ Date _____

Staff: Provide one copy of this signed agreement to the OCCCE volunteer. Retain the original copy for a minimum of six years from the time of the OCCCE volunteer’s departure. If the volunteer worked with minors, keep this agreement on file indefinitely.

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Orleans County Cornell Cooperative Extension Volunteer Code of Conduct

Orleans County Cornell Cooperative Extension (OCCCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in volunteer activities:

Having signed an Orleans County Cornell Cooperative Extension Volunteer Agreement, I accept responsibility to represent the Association with dignity and pride, conducting myself as a positive role model for program participants. I understand that failure to comply with any component of the code or participation in other inappropriate conduct as determined by Orleans County Cornell Cooperative Extension representatives may lead to dismissal as a volunteer from the Extension program.

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 about program participants and CCE internal affairs that has 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 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 management volunteers;

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

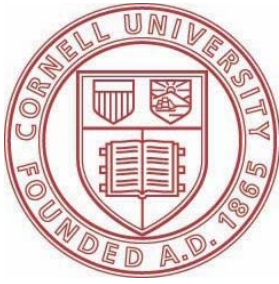
- respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs, and strengths differ;
- encourage participation of and respect for individuals of diverse backgrounds, cultures and perspectives;
- commit no illegal or abusive acts;

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 the purposes of the program;
- Use any potentially dangerous item in accordance with the safety procedures prescribed 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.

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Orleans County Cornell Cooperative Extension Volunteer Risk Waiver Form

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE - ADULT
(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)

I, _____ the undersigned hereby apply to participate as a volunteer and/or participant in programs conducted in cooperation with Cornell Cooperative Extension Association of Orleans County for three years from the date of signature provided on this waiver, 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 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 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 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 Orleans County Cornell Cooperative Extension

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

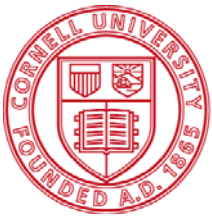
ADDRESS: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ SIGNATURE: _____

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of signature.



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BACKGROUND SCREENING AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Orleans County Cornell Cooperative Extension, I hereby authorize First Advantage Background Screening Corp. on behalf of Orleans County Cornell Cooperative Extension 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. The source of any investigative consumer report will be First Advantage Backgrounds Screening Corp. (First Advantage), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. 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

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 volunteer service, including retention as a volunteer.

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

A summary of Your Rights Under the Fair Credit Reporting Act (FCRA) can be reviewed at:
http://staff.cce.cornell.edu/human_resources/Documents/FCRA%20Summary%20of%20your%20right.pdf

The First Advantage Privacy Policy can be reviewed at: <http://www.fadv.com/privacy-policy/>

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CALIFORNIA, MINNESOTA, AND OKLAHOMA RESIDENTS

California, Minnesota, & Oklahoma residents please note: In connection with your application for service, your consumer report may be obtained and reviewed. Under California, 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.
 YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____ City, State, Zip _____

California Notice:

You have the right under Section 1786.22 of the California Civil Code to find out from an investigative consumer reporting agency ("ICRA"), what is in the ICRA's file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
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.

The ICRA will provide trained personnel to explain any information that is furnished to you and to explain any information that is coded.