



Cornell University
Cooperative Extension
Oneida County

Oneida County
Farm & Home Center
121 Second Street
Oriskany, NY 13424

Dear Volunteer Applicant:

Cornell Cooperative Extension of New York State has recognized that safety and overall risk management for our volunteer force are a priority system wide. In response to this recognition, Cornell Cooperative Extension of New York State has developed a required system policy for all Extension Associations. Subsequently, the Cornell Cooperative Extension (CCE) of Oneida County Board of Directors approved a procedure that complements the required system-wide policy. Beginning September 1, 2005 all new and current volunteers will follow the board-approved procedure for screening. Interested volunteers in the Dog Therapy Program will be asked to complete a volunteer application and background check.

We want to assure you that the information we gather will be kept confidential in a secured locked file cabinet and may be updated periodically. Information will be kept on file for a minimum of six years following the receipt of your volunteer application or the completion of your involvement as a volunteer for CCE (whichever is longest).

Please review the enclosed CCE of Oneida County Dog Therapy Volunteer position description and then complete the application packet. Please return the completed, signed volunteer application packet in the self-addressed, postage paid envelope (marked confidential) to Donna Gatto, Dog Therapy Program Coordinator. Please keep a copy of the completed application packet prior to returning to us.

Thank you for participating in this process. If you have questions or concerns about the CCE volunteer involvement screening procedures, please contact me at 315-736-3394 x 224 or email me at dmg@mycccc.org.

Sincerely,

Donna M. Gatto
Dog Therapy Program Coordinator

Enc.

CORNELL COOPERATIVE EXTENSION ONEIDA COUNTY

VOLUNTEER POSITION

Title: Dog Therapy Reading Education Assistance Dogs (R.E.A.D.) Program Volunteer

The Dog Therapy Volunteer provides reading education assistance to improve the literacy skills to children in a unique approach employing a classic concept, reading with a dog. And or any other volunteer work visiting with nursing home patients, special needs centers, child care centers and family day care homes.

Responsibilities:

- Successfully complete the required Dog Therapy Program and remain current through participation in recommended training opportunities through the agreed term of volunteer service.
- Represents Cornell Cooperative Extension of Oneida County within the community; encourage enrollment in and support for the organization.

Training and Support:

- Orientation to Cornell Cooperative Extension its mission and purpose.
- Orientation to the operational and risk management procedures.
- Attend a core qualifying course in Dog Therapy, unless already registered with Therapy Dogs Inc. Proof of registration is required.
- Attend a Reading Education Assistance Dogs (R.E.A.D.) program training.

Reporting:

- Each Dog Therapy Program Volunteer is expected to maintain records of program contacts, visits, recommendations and time devoted to volunteer activities.

Time Commitment:

- A Cornell Cooperative Extension of Oneida County Dog Therapy Program Volunteer is expected to contribute a minimum of 6 visits annually.
- To reach Dog Therapy Program Volunteer status he/she must have successfully completed the Dog Therapy training course, pass Therapy Dogs Inc. test and become registered through Therapy Dogs Inc. and complete the R.E.A.D. program training.
- Attend regularly scheduled Dog Therapy Program Volunteer meetings.

Qualifications:

- Has a basic interest in and knowledge of dogs.
- Interest in working with children, elderly and those with special needs.
- Good verbal and written communication skills.
- Has a time schedule compatible with program activities.
- Willingness to volunteer time on projects and educational activities that support the goals of Cornell Cooperative Extension.



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Cornell Cooperative Extension of Oneida County Dog Therapy Volunteer Application Packet

Please complete all of the following components of this form:

- Dog Therapy Volunteer Application
- Cornell University Cooperative Extension Volunteer Application
- Dog Therapy Volunteer Training Agreement
- Volunteer Reference Sheet (with sample letter)



Cornell University Cooperative Extension Oneida County Dog Therapy Volunteer Application

There are many ways you can contribute to the Dog Therapy Volunteer Program. The information you provide on this form will help us find the most satisfying and appropriate volunteer opportunity for you. Your cooperation in completing this form is appreciated.

Name _____

Address _____

Telephone (home) _____ (other) _____

Best time to contact _____

Dog Breed: _____ Sex: _____

Name: _____ Age: _____

Submit up-to-date canine health history from your veterinarian. See attached list of health requirements.



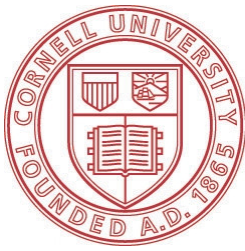
What are you hoping to get out of the experience of training and volunteering in the Dog Therapy Program?

What if any previous dog training programs have you completed? List any registrations or certification received. (ex: CGC, TD Inc., etc.)

In what type of capacity would you like to volunteer with your dog? (reading with children, visiting nursing homes or hospitals)

When are you available to volunteer? Please circle the days you are available and indicate the time you are available each day. Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

How do you plan to meet the 6 annual visits for this program?



Cornell University Cooperative Extension 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	Today's Date
Mailing Address - Street		Daytime Phone # ()	Evening Phone # ()
City	State	Zip Code	Email address if any
			Birthdate if under 18
VOLUNTEER POSITION: Please check the volunteer role(s) you are involved with.			
<input type="checkbox"/> 4-H Leader			
<input type="checkbox"/> Master Gardener			
<input type="checkbox"/> Dog Therapy Program			
<input type="checkbox"/> Other: (please specify) _____			
List your volunteer, paid, or educational experiences that relate to the volunteer position you are involved with			
Organization/Employer	Position/Activity	Dates	

Accommodations: Given the expectations of the volunteer position for which you are involved with, describe any physical or health accommodations that may be needed to allow you to participate 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 volunteer position for which you have expressed an interest.

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

NOTE: CCE recommends that volunteers not drive others to CCE Sponsored activities and events. However, under certain circumstance, I understand that this may occur. I therefore verify that I have a valid driver's license, car registration, inspection sticker, and automobile insurance as required by the state. I understand that if I ever lack any of the above requirements, I will not drive others to CCE sponsored activities and events.

REFERENCES: List 3 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

AUTHORIZATION/CONSENT

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 volunteer. I authorize Cornell Cooperative Extension of Oneida 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 volunteer position at CCE 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 with the provisions outlined in the CCE Association Volunteer Agreement and Code of Conduct.

I prefer to use Background checks for a criminal background check. _____

I work for Rome Labs and authorize you to verify my military background screening. _____

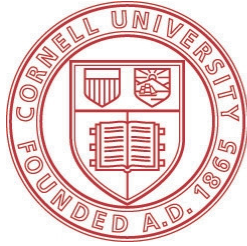
I have additional questions; please contact me. _____

I refuse to submit to a background check. _____

Volunteer's Signature

Date

Date of Birth



Cornell University Cooperative Extension

Dog Therapy Volunteer Training Agreement

We are pleased that you will join us for the Dog Therapy Training Course, a pre-requisite to becoming a Registered Therapy Dog with Therapy Dogs, Inc. This is a volunteer training agreement with Cornell Cooperative Extension (here and after referred to as CCE of Oneida County).

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also please accept our sincere thanks for your valuable contribution to CCE of Oneida County.

1. I agree that as a CCE of Oneida County Dog Therapy Student, I must attend every class in order to gain a broad education on the many aspects of the therapy program. I will talk with the Dog Therapy Coordinator about the feasibility of what is an acceptable solution, if I miss any class due to illness or emergencies.
2. I understand that I am committing my volunteer time in exchange for education. At the successful completion of the training course and registration with Therapy Dogs, Inc., I agree to provide **6 visits** of volunteer time to the Dog Therapy Program during a 1 year period.
3. I agree to study the required reading materials, be an active participant in lectures and other training sessions, pass quizzes, exams and any other special requirement during the qualifying training.
4. I will wear Dog Therapy Program identification at appropriate times at public events.
5. I will disseminate research-based information and refrain from giving out information from personal experience that could be construed by the public to be an official statement from Cornell.
6. I will become a registered Dog Therapy Volunteer when I receive a certificate from CCE of Oneida County and become registered with Dogs Therapy Inc. At a time when I am no longer active as a Dog Therapy Volunteer, I agree to refer to myself only as a graduate of the Dog Therapy Program or former Dog Therapy Program Volunteer. I will surrender my Dog Therapy Volunteer ID card.
7. I agree that as a CCE of Oneida County volunteer my participation in the activities outlined in the attached volunteered position description is without monetary or other compensation.
8. I understand that CCE of Oneida County shall have the right to suspend or release me as a volunteer at any time and for any reason, within the discretion of CCE of Oneida County.
9. I understand that CCE of Oneida County does not provide volunteers with medical insurance; therefore CCE of Oneida County 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 of Oneida County volunteer affiliation.

10. CCE of Oneida County will cover me as a volunteer under the CCE of Oneida County commercial general liability insurance to protect me and my pet 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 or my pet, 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 and the Association. I understand that the liability insurance coverage only applies when I and my pet are on duty, acting in accordance with CCE of Oneida County guidelines for my volunteer assignments, and all other applicable pre-conditions for coverage under the CCE of Oneida County insurance policy are met.
11. 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 of Oneida County and myself.
12. This agreement is valid until it is terminated by CCE of Oneida County or by me.

Signatures:

CCE of Oneida County Volunteer _____
Date

CCE of Oneida County Representative _____
Name Date
Title

REFERENCE REQUEST
FOR CORNELL COOPERATIVE EXTENSION

Attached is a copy of the form to be sent to the people you list as references. Please advise your references they will be contacted so that time will not be lost in receiving their response.

We request each reference be someone you have had contact with in the last three years, non-family members.

1. Name_____ Phone Number_____

Address_____ Zip_____

2. Name_____ Phone Number_____

Address_____ Zip_____

3. Name_____ Phone Number_____

Address_____ Zip_____

Thank you for your cooperation and for assuring us that Cornell Cooperative Extension continue their high standards.

Please print your Name:_____

Address/Zip:_____

Phone Number:_____

In accordance with the Family Educational Right and Privacy Act of 1974, please sign one statement below:

Confidential: I waive my right to read and review the statements provide by the references I have selected.

_____ (Signature)

Non-confidential: I retain my right to read and review the statements provided by the references I have selected.

_____ (Signature)

*There may be certain positions that require an interview. You will be advised by the Issue Team Leader in the area you are volunteering, if this is necessary for the specific position you will be involved in.