



# Form

MEP 317

## Volunteer Appointment Agreement

\_\_\_\_\_ **County/City**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State ZIP

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_

Volunteer e-mail address \_\_\_\_\_

Program \_\_\_\_\_ Position title \_\_\_\_\_

Estimated time required (hours per week) \_\_\_\_\_ Agreement period \_\_\_\_\_ 19 \_\_\_\_\_ to 19 \_\_\_\_\_

Name of person to whom volunteer reports \_\_\_\_\_ Phone \_\_\_\_\_  
(Volunteer coordinator or liaison)

Extension faculty \_\_\_\_\_ Phone \_\_\_\_\_

Extension e-mail address \_\_\_\_\_

**Responsibilities accepted by volunteer:** (Attach signed position description)

**Training and/or support to be provided by Maryland Cooperative Extension:**

In consideration of Maryland Cooperative Extension accepting an individual to volunteer in any capacity, the volunteer agrees to abide by all policies and program regulations. Maryland Cooperative Extension is not responsible for any activity engaged in or responsibility assumed by the volunteer other than those specified in the appointment agreement, and the accompanying position description. Any activities other than those mentioned above will be taken at the personal risk of the volunteer.

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Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, University of Maryland, College Park, and local governments. Thomas A. Fretz, Director of Maryland Cooperative Extension, University of Maryland.

The University of Maryland is equal opportunity. The University's policies, programs, and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, sex, and disability. Inquiries regarding compliance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments; Section 504 of the Rehabilitation Act of 1973; and the Americans With Disabilities Act of 1990; or related legal requirements should be directed to the Director of Personnel/Human Relations, Office of the Dean, College of Agriculture and Natural Resources, Symons Hall, College Park, MD 20742.

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Name \_\_\_\_\_ Date of original agreement \_\_\_\_\_

**Confidentiality.** It is understood that in the performance of his or her duties, the Maryland Cooperative Extension volunteer may have access to certain sensitive information about other individuals. Volunteers will be held personally liable for the unauthorized use of sensitive information to include medical, insurance, financial, and other personal and confidential data. The Maryland Cooperative Extension volunteer agrees to restrict his or her use of such information to the performance of duties described in the position description and this appointment agreement and understands that there is to be no discussion of any individuals except when in direct contact with the appropriate individuals involved or the supervising Maryland Cooperative Extension faculty member. Any use of confidential information outside the scope of duties places the volunteer as personally liable.

**Nonconflict of interest.** Maryland Cooperative Extension requires that volunteers shall not promote private or personal interests in conjunction with the performance of duties. To comply with this requirement, the volunteer agrees to the following:

1. The volunteer will in no way attempt to conduct market research or solicit, persuade, or coerce any individual to make a purchase that will result in the personal gain of the volunteer.
2. The volunteer will not disclose or use confidential information obtained as a result of the volunteer's association with Maryland Cooperative Extension for the personal gain or advantage of the volunteer's employer or anyone else.
3. The volunteer will do nothing that can be reasonably construed as a conflict of interest with Maryland Cooperative Extension programs.

The volunteer hereby acknowledges the obligation to respect the confidentiality of individuals and to exercise good faith and integrity in all dealings with Maryland Cooperative Extension in the performance of his or her duties as a Maryland Cooperative Extension volunteer.

The undersigned acknowledges that he or she has read and understands the foregoing provisions of this agreement and that such provisions are reasonable and enforceable, and he or she agrees to abide by this agreement and the terms and conditions set forth herein.

**Termination of agreement.** This agreement should terminate on the expiration date or at such earlier time determined to be in the best interest of Maryland Cooperative Extension.

**Equipment and records.** All equipment, materials, or articles of information, including, without limitation, keys, records, information, or any other material or data, furnished to the volunteer by Maryland Cooperative Extension or developed by the volunteer on behalf of Maryland Cooperative Extension or at Maryland Cooperative Extension's direction or for Maryland Cooperative Extension's use or otherwise in connection with the volunteer's appointment hereunder are and shall remain the sole and confidential property of Maryland Cooperative Extension. Within 3 days of the expiration of the term of agreement or its earlier termination as provided herein, the volunteer should immediately cause any such equipment or materials in his or her possession or control to be delivered to Maryland Cooperative Extension faculty listed below.

**No employer-employee relationship is being created by this agreement.**

I, the undersigned, accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If unable to fulfill these responsibilities, I will promptly advise the Extension faculty listed below.

Signed \_\_\_\_\_  
Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
Volunteer coordinator or liaison \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
Extension faculty \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_