

MCE is collecting information in order to update our mailing list database. If you do not provide the requested information you will not receive mailings. Some of the information you provide may be shared with county/state fair associations, National 4-H Council and USDA. Information provided to MCE may also be shared among offices within the University and with the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the "Public Records Act" and/or other applicable law or University policy.



Short-Term Volunteer Appointment

Name _____

Address _____
Street address City State ZIP

Home phone _____ Work Phone _____

E-mail address _____

Program _____ Position Title _____

Residence (choose letter) _____ Ethnicity/Race (choose letter) _____
 (A) On a farm (D) Suburb of city over 50,000 (H) Hispanic (N) Native American
 (B) Rural area/town of 10,000 or less (E) City over 50,000 (A) Asian (P) Pacific Islander
 (C) Town/city of 10,000-50,000 (B) Black, not Hispanic origin (W) White, not Hispanic origin

Gender: ___ Male ___ Female

Special Needs? Explain: _____

Army Only: Check one: Military Non Military Check one: On Post Off Post

Type of volunteer appointment: Judge Instructor Other: _____

Estimated time required (hours per week) _____

Agreement Period: from _____ to _____

Name of person to whom volunteer reports: _____ Phone _____
Volunteer coordinator/liaison/faculty

Extension Faculty: _____ Phone _____

Responsibilities of the short-term volunteer (or see letter of instructions): _____

No employer-employee relationship is being created by this agreement.
 I, the undersigned, accept the responsibilities as outlined on this form or letter of confirmation.

Signed _____ Volunteer _____ Date _____

Signed _____ Volunteer coordinator or liaison _____ Date _____

Signed _____ Extension Faculty _____ Date _____

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my photograph for educational and promotional purposes without compensation

Signed _____ Volunteer _____ Date _____

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, gender, religion, age, national origin, sexual orientation, age, marital or parental status, or 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 Human Resources Management, Office of the Dean, College of Agriculture and Natural Resources, Symons Hall, College Park, MD 20742.