

Volunteer Appointment Agreement MEP317



University of Maryland Extension's 4-H Youth Development Program



Name _____ County/City _____

Address _____
Street Address City State ZIP

Home Phone _____ Cell Phone _____

Email _____ Secondary Email _____

Program _____ Position Title _____

Estimated time required (hours per week) _____ Agreement Period _____ 20 _____ to 20 _____

Name of person to whom volunteer reports _____ Phone _____
(Volunteer Coordinator or Liason)

Extension Faculty _____ Phone _____

Extension Email Address _____

Responsibilities accepted by volunteer: (Attach signed position description)

Training and/or support to be provided by University of Maryland Extension:

In consideration of University of Maryland Extension accepting an individual to volunteer in any capacity, the volunteer agrees to abide by all policies and program regulations. University of Maryland 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.

Issued in furtherance of 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. Cheng-i Wei, Dean and Director of University of Maryland Extension. 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, gender, sexual orientation, 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.

Revised by LMD and ALR 2010

University of Maryland Extension programs are open to all citizens without regard to race, color, gender, disability, religion, age, sexual orientation, marital or parental status, or national origin.

Name _____

Date of Original Agreement _____

Confidentiality. It is understood that in the performance of his or duties, the University of Maryland 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 University of Maryland 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 University of Maryland Extension faculty member. Any use of confidential information outside the scope of duties places the volunteer as personally liable.

Nonconflict of interest. University of Maryland 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 University of Maryland Extension for the personal gain or advantage of the volunteer’s employer or anyone else.
3. The volunteer will do nothing that can be reasonable construed as a conflict of interest with University of Maryland 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 University of Maryland Extension in the performance of his or her duties as a University of Maryland Extension volunteer.

The understood 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 University of Maryland 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 University of Maryland Extension or developed by the volunteer on behalf of University of Maryland Extension or at University of Maryland Extension’s direction or for University of Maryland Extension’s use or otherwise in connection with the volunteer’s appointment hereunder are and shall remain the sole and confidential property of University of Maryland 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 University of Maryland 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 _____ Date _____
Volunteer

Signed _____ Date _____
Volunteer coordinator or liaison

Signed _____ Date _____
Extension Faculty

Address City State ZIP