



Maryland 4-H Episodic Appointment Agreement

For Office Use:
Name: _____
Assigned Program or Event: _____
Assigned Role: _____
Direct Report: _____
4-H Team Supervisor: _____
Duration: from _____ to _____
Specific duties: _____

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 this document. Any activities other than those mentioned above will be taken at the personal risk of the volunteer.

The episodic 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 an Episodic Volunteer. They should not disclose or discuss the facts of any individual(s) except in the conduct of official Extension business and will assume full liability for any breach of confidentiality which they may cause. The Episodic Volunteer agrees to abide by the Maryland 4-H Adult Code of Conduct.

Non-conflict 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 reasonably construed as a conflict of interest with University of Maryland Extension programs.

The undersigned acknowledges that he or she has read and understands the foregoing provisions of this utilization 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: This association between the University of Maryland Extension and the above signed Episodic Volunteer will be terminated at the end of the duration period specified above and is not to exceed a two month period of time. This agreement is non-renewable within a calendar year.

No employer-employee relationship is being created by this agreement. Limited personal liability protection will be provided under the Maryland Tort Claims Act for the duration listed above.

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

Signed _____	_____	_____
	Episodic Volunteer	Date
Signed _____	_____	_____
	4-H Faculty/Staff	Date