

FORM

Volunteer Appointment Agreement County/City

MEP 317 Nov. 2009

Name	Social Security Number		
Address			
Address Street address	City	State	ZIP
Home phone	Office phone		
Volunteer e-mail address			
Program			
Estimated time required: 40 hrs./year first year; 20 hrs/year thereaf	ter		
Agreement period 20 to 20 (month) (day) 20 20	(year)		
Name of person to whom volunteer reports(Volunteer coor	dinator or liaison)	Phone	
Extension faculty		Phone	
Extension e-mail address			
Responsibilities accepted by volunteer: (Attach signed position	description)		
Training and/or support to be provided by University of Mary	land Extension: (A	Attach signed position des	cription)
Confidentiality. It is understood that in the performance of his volunteer may have access to certain sensitive information about o personally liable for the unauthorized use of sensitive information.	ther individuals. V	olunteers will be held	Extension

The University of Maryland, College of Agriculture and Natural Resources programs are open to all and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, or national origin, marital status, genetic information, or political affiliation, or gender identity and expression.

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.

Volunteer Appointment Agreement (continued)	County/City	
Name Date of orig	ginal agreement	
Nonconflict of interest. University of Maryland Extension requires that volum personal interests in conjunction with the performance of duties. To comply with tagrees to the following:		
1. The volunteer will in no way attempt to conduct market research or sol any individual to make a purchase that will result in the personal gain of		
The volunteer will not disclose or use confidential information obtained association with University of Maryland Extension for the personal gain the volunteer's employer or anyone else.		
3. The volunteer will do nothing that can be reasonably construed as a con University of Maryland Extension programs.	nflict of interest with	
The volunteer hereby acknowledges the obligation to respect the confidentiality of faith and integrity in all dealings with University of Maryland Extension in the per University of Maryland Extension volunteer.		
The undersigned acknowledges that he or she has read and understands the forego and that such provisions are reasonable and enforceable, and he or she agrees to al terms and conditions set forth herein.		
Termination of agreement. This agreement should terminate on the expiration determined to be in the best interest of University of Maryland Extension.	on date or at such earlier time	
Equipment and records. All equipment, materials, or articles of information, records, information, or any other material or data, furnished to the volunteer by U or developed by the volunteer on behalf of University of Maryland Extension or a direction or for University of Maryland Extension's use or otherwise in connection hereunder are and shall remain the sole and confidential property University of Mays of the expiration of the term of agreement or its earlier termination as provide immediately cause any such equipment or materials in his or her possession or con Maryland Extension faculty listed below.	University of Maryland Extension t University of Maryland Extension n with the volunteer's appointment aryland Extension. Within 3 ed herein, the volunteer should	
No employer-employee relationship is being created by this agreement.		
I, the undersigned, accept the terms stated above and will strive to fulfill the respo If unable to fulfill these responsibilities, I will promptly advise the Extension facu		
SignedVolunteer	Date	
Signed Volunteer coordinator or liaison	D.	
Volunteer coordinator or haison Signed	Date	

City

Extension faculty

Address

Date

ZIP

State