



UNIVERSITY of NEW HAMPSHIRE  
COOPERATIVE EXTENSION

### UNH Cooperative Extension Short Term Volunteer Form

*You are hereby recognized as a UNH Cooperative Extension volunteer. The purpose of this form is to comply with RSA 508: 17, the volunteer immunity law.*

Description of volunteer activity:

Name: \_\_\_\_\_ Time In: \_\_\_\_\_

Date: \_\_\_\_\_ Time Out: \_\_\_\_\_



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