



4-H VOLUNTEER AGREEMENT

Name of Volunteer _____

Mailing Address _____

As a volunteer for the UNH Cooperative Extension 4-H Youth Development program, I agree to fulfill the following responsibilities while serving in this role:

- 1. Serve as a positive role model for youth and set a good example for their actions and behavior.
2. Maintain the standards of 4-H Youth Development by conducting yourself in a responsible manner.
3. Conduct all 4-H activities in a safe and healthy environment, and in compliance with UNH Cooperative Extension guidelines and policies.
4. Participate in required volunteer training as appropriate.
5. Keep UNH Cooperative Extension staff fully informed of club or project activities, including field trips, fund-raising events, and other special activities.
6. Maintain confidentiality of information contained on enrollment and/or medical forms and only share with other 4-H volunteers and/or staff for the purpose of conducting 4-H business.
7. Submit all required information/paperwork to the county UNH Cooperative Extension Office for yourself and/or the youth, families, and volunteers you are responsible for.
8. Welcome, all youth, their families, and other volunteers to participate in the program regardless of race, color, religion, sex, national origin, age, veteran's status, gender identity or expression, sexual orientation, marital status, or disability.
9. Attend to the responsibilities of your role as outlined in the volunteer service description or by your supervising staff member.

I understand the risks, hazards, and dangers inherent in carrying out the duties and responsibilities of my volunteer activities. I agree for myself and my heirs, to release and hold harmless, defend and indemnify the University of New Hampshire, its trustees, officers, agents, employees, and volunteers, from and against all claims, demands, actions, and causes of action as a result of personal injury, death, or property damage sustained by me or by others due to my volunteer activity, including my operation of a motor vehicle.

I understand that this agreement may be terminated by either party, regardless of the reason. Such termination shall be by written notice to the other party and shall be effective immediately upon request.

I have read and understand the Volunteer Service Description for the role I am about to assume.

Volunteer _____ Date _____

You are hereby recognized as a UNH Cooperative Extension volunteer. As a recognized volunteer, you are protected by NH RSA 508:17, which provides legal protection for volunteers by limiting the liability of an enrolled volunteer who is acting reasonably and within the scope of their official duties and responsibilities as outlined by this document and following the guidelines and policies of the program.

Staff Member _____ Date _____