

**UNHCE County Advisory Council Member
Volunteer Service Agreement**

Objective: UNH Cooperative Extension County Advisory Council members advise and assist UNH Cooperative Extension in program planning and implementation, hiring of county educators, and in preparation, procurement and administration of the county portion of the budget.

Name of CAC Member: _____ **State AC Representative** (Yes, Check):

Terms of Appointment (2-year contiguous terms):

Term 1: Start Date: _____ End Date: _____

Term 2: Start Date: _____ End Date: _____ Member Initials for Term 2 _____

Term 3: Start Date: _____ End Date: _____ Member Initials for Term 3 _____

Key Responsibilities:

1. Advocate/communicate with legislators, commissioners and decision makers on behalf of UNH Cooperative Extension.
2. Assist County Office Administrator and Extension Educators in identifying program objectives based upon county needs.
3. Provide input on budget preparation and attend county commissioners/county delegation hearings in support of the Extension budget.
4. Assist in the recruitment, employment and evaluation of UNH Cooperative Extension program staff and in the evaluation of Extension programs.

Additional Responsibilities

- Attend regular meetings of the Council.
- Assist in promoting UNH Cooperative Extension programs.
- Participate in orientation and other educational opportunities concerning policies, programs, marketing, and support of UNH Cooperative Extension activities.
- Approve suitable office facilities, in cooperation with the County Commissioners and County Office Administrator.
- Optional - serve as an officer, member of the Finance Committee, County Public Awareness Team or as a member of the UNH Cooperative Extension State Advisory Council.

The above-described time and effort is donated by the volunteer at his/her discretion to UNH Cooperative Extension. This volunteer service does not confer the status of a USNH employee but does provide liability protection for volunteer service to Extension under NH RSA 508:17.

Qualifications: Council members should be knowledgeable of the educational needs of county residents and how Cooperative Extension can meet those needs.

Supervisor: County Office Administrator

I understand that I, or UNH Cooperative Extension, may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist UNH Cooperative Extension in its authorized work.

Signature of Volunteer

Date

Signature of County Office Administrator

Date