

# MSU Employee - Volunteer Agreement

Signed Form is  
Required YEARLY



## Montana State University Extension: 4-H Youth Development

*This form is required for **any** MSU employee who volunteers outside of the role and scope of their employment. This includes grant staff (4-H, SNAP-Ed, etc.) and all MSU campuses in any position (staff, faculty, professional, etc.) and department. MSU Extension Agents who choose to volunteer should contact the Montana 4-H Center for Youth Development and will be approved on a case-by-case basis.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

MSU Department: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please affirm your acceptance of the following terms with your signature below:

1. I agree that my participation in the activities listed in the Description of Volunteer Duties is wholly voluntary and without salary or other valuable consideration. When engaging in the activities, I acknowledge that I am not an employee of MSU and that it has the right to terminate my assignment as a volunteer without cause.
2. I understand that MSU is not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my volunteer affiliation.
3. I agree to follow the Montana 4-H Policies and Procedures including successfully clearing a criminal background check and completing the Montana 4-H Application and Volunteer Agreement.
4. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Extension Agent Signature \_\_\_\_\_ Date \_\_\_\_\_