

URI Extension Volunteer Agreement

For value received, and upon signing and submitting this Volunteer Acknowledgement and Waiver, I confirm that I wish to participate in the University of Rhode Island (“the University”) Master Gardener Program as a volunteer in contribution to the Program’s mission to educate RI citizens in environmentally-sound gardening practices through the dissemination of factual, research-based information. I confirm and acknowledge that my services are voluntarily offered and are rendered as a University non-compensated volunteer to assist with the general activities and programs associated with the University. I agree to abide by the University of Rhode Island policies and procedures, as well as all state, federal, and local laws. I also understand that since my services at URI are voluntary, either the University or I may terminate them at any time, with or without cause. I understand that the term of this agreement is applicable during a one year period.

University Department Using Volunteer Services:	<u>URI Cooperative Extension</u>
Department Dean Requesting Services:	<u>Dr. Deborah Sheely, Associate Director</u>
Phone:	<u>401-874-2900</u>
Email:	<u>dsheely@uri.edu</u>

Risk Acknowledgement: I understand that my Volunteer participation and any travel associated with it could involve risk of bodily injury, property damage, or death, and I accept and fully understand these risks. I acknowledge that it is the responsibility of each Volunteer to participate only in those activities of which he/she is physically capable, including the use and operation of garden tools and power equipment, and understand that I may decline to do any of these activities at any time.

Insurance: I understand that my services and participation are rendered as a Volunteer in a non-employee capacity, therefore employee benefits such as health insurance cannot be offered, and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the University may carry applicable to Volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage’s I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage’s. In addition, I understand that Campus Health Services and the Campus Student Insurance plan are only available to active, eligible full time and international students.

Emergency Medical Treatment: Should I become injured or ill during my Volunteer activities, I hereby grant the University full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the University and their related staff, representatives or host organizations from liability for such decisions.

Liability Waiver and Indemnification: Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; University of RI, State of RI, RI Board of Education, their faculty, staff, trustees, officers, representatives, agents, and host organizations from all form and manner of risks inherent or relating to such activities, and I waive all claims and demands of any nature arising from my volunteer participation, campus access and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

URI Extension Volunteer Agreement (cont'd)

Client-Volunteer Interaction Requirement: I understand that as a URI Extension Volunteer, I am instructed to work in pairs and avoid situations working one-on-one with any client (member of the public). I understand that I am required to have a completed Bureau of Criminal Identification (BCI) state background check through the RI Office of the Attorney General on file with URI Extension and updated every three years in order to work with youth clients under 18 years of age.

Volunteer Code of Conduct: Individuals serving in the role of volunteer as associated with any program of URI Extension accept responsibility to represent URI with dignity and pride and to conduct themselves as a positive role model for program participants and the public. I agree to adhere to the following standards of behavior when engaged in assigned volunteer activities through the URI Master Gardener Program:

1. Adhere to URI, and if applicable, the host organization's rules, policies and guidelines that relate to volunteer activity and the program he or she serves;
2. Accept supervision, guidance and support from URI Extension staff; respect and uphold the rights and dignity of all URI Extension staff, fellow volunteers and all individuals who participate in URI programs recognizing that people's values, beliefs, customs and strengths differ;
3. Execute URI business in an ethical manner;
4. Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and URI internal affairs that've been entrusted to me;
5. Refrain from using my URI volunteer status for personal or business financial gain;
6. Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner;
7. Comply with the pest control recommendations policies outlined herein;
8. Participate in required training programs and use the recommended policies and procedures;
9. Encourage participation of, and respect for, individuals of diverse backgrounds, cultures and perspectives;
10. Refrain from the use of alcohol, drugs and inappropriate language on URI property and URI Master Gardener-approved project property;
11. Commit no illegal or abusive acts;
12. Report all unsafe conditions and accidents to URI Extension staff as soon as possible;
13. Limit use of URI Master Gardener email addresses to URI Master Gardener Program business only; refrain from sending emails that include harassing or offensive messages, or chain letters.

Failure to adhere to the code of conduct is cause for immediate dismissal from all duties and privileges of URI Extension Master Gardener volunteers, without exception.

University of Rhode Island Master Gardener Program (URIMGP)
2019 Extension Volunteer Renewal Form

I hereby acknowledge that I have had the opportunity to review the information on pages 1 and 2 of this form, and/or reviewed it with legal counsel. I understand the foregoing, and hereby agree to be bound by the same.

Name (print clearly): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

I acknowledge that to remain “active” in the URI Master Gardener Program, all interns and certified Master Gardeners must complete the following requirements annually:

- 1) **Sign and return this URI Extension Volunteer Renewal Form to the URI Mallon Center by Friday, February 1, 2019.** *If we do not receive a form from you, we will assume that you do not plan to actively volunteer in 2019.*
- 2) **Volunteer a minimum of 20 hours** on any approved URIMGP project service activity and record the hours in Volgistics. *As of 2018, ALL approved URIMGP activities count as volunteer hours (there are no longer two categories of service).*
- 3) **Accumulate 10 hours of Continuing Education** by attending approved URIMGP classes or watching recordings of classes here: uri.edu/mastergardener/portal/ (password “seeds”)
- 4) **Review my volunteer profile in Volgistics** – is your contact information the same? Have you marked your skills (we use this information to match you with special volunteer opportunities!)?

I plan to remain an active volunteer in 2019 by fulfilling the requirements listed above.

Enclosed please find a check or money order payable to “URI” for \$30.00 to cover the URIMGP Volunteer Activity Fee, which will be used to defray the cost of pins, certificates, Master Gardener meetings, our annual Volgistics subscription, and the 2019 URIMGP Volunteer Recognition Event. *Please write “Volunteer Activity Fee” in the memo line. Note that checks are deposited monthly.*

I request a hardship waiver for the 2019 Volunteer Activity Fee.

I am unable to volunteer in 2019; I intend to apply for a Leave of Absence or Emeritus status.
Go to uri.edu/mastergardener > click on Master Gardener Login > type in password “seeds” > click on Leave of Absence or Emeritus status in the right column menu

Email: _____

Emergency Contact & Phone: _____

Please mail this page and your volunteer activity fee by **February 1, 2019** to:
URI Mallon Center, c/o Judy Arruda, 3 East Alumni Avenue, Kingston, RI 02881
Questions? Email Judy at auggiejude@hotmail.com