



Volunteer Agreement

Name _____ Date of original agreement _____

Confidentiality: It is understood that in the performance of his or her duties, the _____ (Host Site) volunteer may have access to certain sensitive information about other individuals. Volunteers will be held personally liable for the unauthorized use of sensitive information to include medical, insurance, financial, and other personal and confidential data. The _____ (Host Site) volunteer agrees to restrict his or her use of such information to the performance of duties described in the position description and this volunteer agreement and understands that there is to be no discussion of any individuals except when in direct contact with the appropriate individuals involved. Any use of confidential information outside the scope of duties places the volunteer as personally liable.

_____ (Host Site) volunteers shall not promote private or personal interests in conjunction with the performance of duties. To comply with this requirement, the volunteer agrees to the following:

1. The volunteer will in no way attempt to conduct market research or solicit, persuade, or coerce any individual to make a purchase that will result in the personal gain of the volunteer.
2. The volunteer will not disclose or use confidential information obtained as a result of the volunteer's association with _____ (Host Site) for the personal gain or advantage of the volunteer's employer or anyone else.
3. The volunteer will do nothing that can be reasonable construed as a conflict of interest with _____ (Host Site) programs.

The volunteer hereby acknowledges the obligation to respect the confidentiality of individuals and to exercise good faith and integrity in all dealing with _____ (Host Site) in the performance of his or her duties as a _____ (Host Site) volunteer.

The undersigned acknowledges that he or she has read and understands the foregoing provisions of this agreement and that such provisions are reasonable and enforceable, and he or she agrees to abide by this agreement and the terms and conditions set forth herein.

Termination of agreement. This agreement should terminate on the expiration date or at such earlier time determined to be in the best interest of _____ (Host Site).

Equipment and records. All equipment, materials, or articles or information, including, without limitation, keys, records, information, or any other material or data, furnished to the volunteer by _____ (Host Site) or developed by the volunteer on behalf of _____ (Host Site) are and shall remain the sole and confidential property of _____ (Host Site). Within 3 days of the expiration of the term of agreement or its earlier termination as provided herein, the volunteer should immediately cause any such equipment or materials in his or her possession or control to be delivered to the Master Naturalist Program Facilitator at _____ (Host Site).

No employer-employee relationship is being created by this agreement.
Please initial each statement below:

____ I understand that in exchange for the instruction and training provided to me by the Master Naturalist Program and the host site, I will volunteer at least 40 hours of my time toward approved projects and

____ I understand that I will become a Certified Maryland Master Naturalist when I complete both the instruction/training and this volunteer work, generally on the one-year anniversary of the end of the training class.

____ I also understand that to maintain active status as a Certified Master Naturalist, I must successfully complete 8 hours of advanced training and 40 hours of volunteer service each year thereafter.

____ I understand that I am responsible for my personal injuries and illness while participating in this program, and that I will hold the program and all joint and sponsoring agencies harmless.

____ I understand that the Master Naturalist Program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

I, the undersigned, accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If unable to fulfill these responsibilities, I will promptly advise the Master Naturalist Program Facilitator.

Signed _____
Volunteer Date

Volunteer Address City State Zip

Signed _____
Program Facilitator Date

This document is to be renewed every three years.

Signature lines for 3, 6 and 9 years.

Signed _____
Volunteer Date

Signed _____
Volunteer Date

Signed _____
Volunteer Date