



SHORT-TERM VOLUNTEER SERVICE

This form may be used when a screened volunteer or 4-H Extension Staff is on site directly supervising the Short-Term Volunteer.

APPOINTMENT/SIGN-IN SHEET – PLEASE PRINT

Local 4-H Extension Office: _____

Volunteer Name: _____

Are you under 25 years of age? Yes No If yes, Birthdate: _____

Check one: 14-17 18-24

Name(s) previously used: _____

Mailing Address: _____

Town/City/State/Zip Code: _____ Telephone _____ Cell _____

Home Address (if different): _____

Person to contact in case of emergency: _____ Telephone _____ Cell _____

Volunteer Service Position: _____

Brief Description of Responsibilities: _____

Estimated Time Required: _____ Agreement Period: Time(s) and Date(s) _____

Name of Screened Volunteer or Massachusetts 4-H Program staff to whom Short-Term Volunteer reports:

Name: _____ Telephone _____ Cell _____

Signature: _____ Date: _____

No employer-employee relationship is being created by this agreement. I, the undersigned, accept the responsibilities as outlined. 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 heir, to release and hold harmless, defend and indemnify the University of Massachusetts, 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.

Signature of Short Term Volunteer

Date

Signature of Massachusetts 4-H Extension Educator

Date