

Cooperative Extension Service

College of Agricultural, Consumer and Environmental Sciences
Office of the Associate Dean and Director, MSC 3AE
New Mexico State University
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Fax: 575-646-7042 or 575-646-5975

575-646-3015

New Mexico State University Volunteer Agreement

We are pleased that you have decided to volunteer your services at New Mexico State University in the department of San Juan County Master Gardeners .
I agree to the following (please initial each line):
$\frac{1}{\text{University}}$ 1. I agree that, as a volunteer, I am not a University employee. I understand and agree that the University and I both have the right to end my volunteer assignment any time, for any reasons, and without notice.
2. I agree that participation in the activities outlined to me by the department are not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
3. I understand I hereby release New Mexico State University any responsibility for injuries or property damage resulting from or related to my volunteer activities. I also acknowledge there is a risk of injury from volunteering and using the NMSU facilities and equipment, including the potential for serious injury and death, and I hereby voluntarily assume the risk of any injuries (regardless of severity) and death, which I may incur due to my own personal negligence or accidental occurrences while I am volunteering.
4. I understand that as a University Volunteer, I will not be entitled to any employee benefits, including, but not limited to: accident or medical insurance, retirement, worker's compensation, etc. NMSU is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. Further, I certify that I have health and/or accident insurance that will cover any personal injury that I may sustain while providing volunteer services and/or using University Facilities and equipment, regardless of cause, and I agree to provide proof of such insurance upon request.
5. I agree that I will comply with all NMSU policies, procedures, rules, or regulations applicable to my presence at the University and that I will follow the directions and guidance of the department representative and/or any employee directing my volunteer assignment. I likewise agree to follow any schedule established in connection with my assignment.
6. The university agrees to provide me with third party general liability coverage for claims filed against me arising from my duties described in the description of volunteer duties, as per state law.
7. In exchange for third party liability coverage and the opportunity to be a volunteer, on behalf of myself, my heirs, and my representatives, I hereby release, indemnify, and hold harmless New Mexico State University and all of its officers, trustees, agents, and employees from any and all liability, damages, or claims of any nature that arise out of or related to my volunteer activities. I also acknowledge there is a risk of injury from volunteering and using the NMSU facilities and equipment, including the potential for serious injury and death,

and I hereby voluntarily assume the risk to my own personal negligence or accid-		aries (regardless of severity) and death, white ences while I am volunteering.	ich I may incur due
free will and without pressure or coercie	on. Further m competen	ns of this agreement and am signing this ag by signing this agreement I attest to the fact to sign this agreement and release. Note: ardian must sign as well.	ct that I am at least
my service as a volunteer and superse referred to and incorporated in this agre	des any writement. I agu	the entire agreement between me and the utten or oral understanding, promise or agree that this agreement shall be governed by me and the authorized University of	reement that is not New Mexico Law
ancestry, color, mental or physical di religion, sexual orientation, gender io	isability, go dentity, spo erience or v	to be free from discrimination on the bender, serious medical condition, national busal affiliation, or veteran status, according the such misconduct in the University.	al origin, race, ding to state and
12. I understand I may be su with the university.	ibject to a ba	ackground review or investigation due to m	y volunteer service
I affirm my acceptance of the terms of the	his agreeme	nt stated above with my signature.	
Signature of Volunteer	Date	Printed Name of Volunteer	Date
Signature of Parent/Guardian*	Date	Printed Name of Parent/Guardian*	Date
Signature of Department Representative	Date	Printed Name of Department Representative	Date

*Only needed if volunteer is between the ages of 14 and 18.

Provide one copy of this agreement to the volunteer. Retain this agreement for three years after University Volunteer separation