



**SOUTH DAKOTA STATE  
UNIVERSITY EXTENSION**

# Volunteer Work Agreement

*Specific Instructions for Filling Out and Returning the Form*

## Who needs to complete the SDSU Extension volunteer work agreement?

- All new volunteers must complete the SDSU Extension Volunteer Work Agreement Form

Name: \_\_\_\_\_

(Exactly as it appears on your Social Security Card)

Permanent/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Required)

Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

☐ Male

☐ Female

*Information requested here will only be used for statistical Affirmative Action purposes and will be treated as confidential. Completing this section is optional.*

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: If you are not Hispanic or Latino, select one or more below:

☐ American Indian or Alaskan Native

☐ Black or African American

☐ Asian

☐ White

☐ Hawaiian or Other Pacific Islander

Citizenship: ☐ US Citizen

☐ Alien Substantial Presence

☐ Resident Alien/Permanent Resident

☐ Non-Resident Alien

If not a US Citizen: Passport Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Nation of Birth: \_\_\_\_\_ Nation of Citizenship: \_\_\_\_\_

Capstone:

☐ Community Vitality

☐ Agriculture and Natural Resources

☐ Family, Food and Wellness

☐ General

☐ Master Gardeners

☐ Master Food Preserver

☐ Master Health

☐ Other

Program Leader: \_\_\_\_\_

SDSU Extension is an equal opportunity provider and employer in accordance with the nondiscrimination policies of South Dakota State University, the South Dakota Board of Regents and the United States Department of Agriculture.

Learn more at [extension.sdstate.edu](https://extension.sdstate.edu).

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# University Agreement

I, \_\_\_\_\_, agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the 4-H unit and that are not prohibited by University Policy 4:8(3)(h). These civic, charitable, or humanitarian duties include: service as a 4-H volunteer.

I understand that my services are voluntary and that I will not be compensated. I further understand that 4-H volunteers are not covered by the Public Entity Pool for Liability (PEPL) fund coverage, and that SDSU Extension may annually provide a separate liability policy for unforeseen incidents that may arise as I act within the scope of assigned duties in conformity with applicable laws and policies.

I understand that while serving as a volunteer, I am subject to all University and South Dakota Board of Regents policies, including but not limited to University Policy 4:8, which is attached for my review, as well as those policies regarding safety and security, non-discrimination, sexual harassment, and drug and alcohol use. I understand it is my responsibility to familiarize myself with the University policies, which can be found at [sdstate.edu/policies](http://sdstate.edu/policies), as well as any policies applicable to the 4-H unit or Extension department.

I understand that if I am not a citizen or permanent resident of the United States, I must provide documentation of my visa status to the University. I further understand that an individual holding a temporary visa may not serve as a volunteer in a position where others receive compensation or perform the same services. An individual with a pending H-1B visa application to work at the University cannot serve as a volunteer. I understand that volunteer status may not be used as a way to avoid or defer compliance with the employment eligibility requirements of federal immigration laws.

I agree to assign, and I do hereby assign, to the South Dakota Board of Regents my right, title, and interest, whether present or expectant, in intellectual property that I may create, author, invent, or reduce to practice pursuant to my services as a volunteer to the extent provided in South Dakota Board of Regents Policy 4:34. I understand that Board Policy 4:34 not only establishes the obligations to assign and to disclose intellectual properties, but also reserves certain rights to creators of intellectual property and defines conditions under which the Board of Regent's rights of ownership may be waived in whole or in part.

I also understand, depending on my volunteer services, that I may be subject to a background check and/or license verification.

I understand that I am under no obligation to provide any services to the 4-H unit and I am free to discontinue my volunteer activities at any time. I further understand that the 4-H unit or its successors or legal representatives may terminate any volunteer relationship at any time without cause or prior notice and at its sole discretion.

By signing below, I acknowledge that: I am at least eighteen (18) years of age; I have read this Agreement and University Policy 4:8 in full, I fully understand the terms of both, and I agree to serve as a volunteer under the terms and conditions outlined therein; that I have no expectation of compensation nor have I received any promise of compensation for my volunteer services described herein; that if I am currently a Board of Regents employee, these volunteer services are not similar or identical services that I provide as an employee of the Board; and that I sign this Agreement and provide these services freely and without pressure or coercion, direct or implied.

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

Capstone: \_\_\_\_\_ Program Leader Signature: \_\_\_\_\_

Capstone Contact Phone: \_\_\_\_\_ Dates of Service: Start: \_\_\_\_\_ End: \_\_\_\_\_