



University of California

Agriculture and Natural Resources

UCCE Master Food Preserver Program

Annual Volunteer Agreement

UC Master Food Preserver Program Administrative Handbook, Appendix 3

Select ONE of the following five options. Sign and print your name and date under the selection option. Return completed form to your local UC Master Food Preserver Program Coordinator or UCCE office staff.

For those who have completed their volunteer commitment and continuing education:

I have completed my volunteer and continuing education commitment for the 20____ program year. I would like to recertify for the 20____ program year. As condition of recertification, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability and provided Proof of California driver's license and I will carry the minimum automotive liability insurance when transporting Master Food Preserver Volunteers, equipment or supplies.

I agree to volunteer ____ hours to UC Master Food Preserver Program in activities approved by the UC Master Food Preserver Program Supervisor or Program Coordinator. I also agree to obtain ____ hours of approved continuing education and I further agree to report my hours.

Signature: _____

Printed Name: _____ Date: _____

For those who have not completed their volunteer commitment and/or continuing education:

☐ I have not completed my volunteer hours for the 20____ program year.

☐ I have not completed my approved continuing education requirements for the 20____ program year.

I would like to be considered for recertification. Please describe the reason that you were unable to fulfill your commitment this past year and how you anticipate completing it in a timely manner during the next program year:

I agree to complete my prior commitment and to volunteer an additional ____ hours of my time to the program during the next year in activities approved by the UC Master Food Preserver Program Coordinator. I also agree to obtain ____ hours of approved continuing education. As condition of recertification, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability and provided Proof of California driver's license and I will carry the minimum automotive liability insurance when transporting Master Food Preserver Volunteers, equipment or supplies.

Signature: _____

Printed Name: _____ Date: _____

For those who would like to be placed on “limited active” status:

☐ I would like to be placed on “limited active” Status for the 20__ program year.

Please indicate the reason for requesting limited active status:

As condition of recertification, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability and provided Proof of California driver’s license and I will carry the minimum automotive liability insurance when transporting Master Food Preserver Volunteers, equipment or supplies.

Signature: _____

Printed Name: _____ Date: _____

For those who do not wish to reappoint:

☐ I do not wish to be reappointed I understand that I am considered inactive/resigned from the program and that I may no longer use the UC and/or UCCE Master Food Preserver title.

Please indicate a reason for wishing to not reappoint (optional):

For those who would like to be placed on “trainee” status:

☐ I would like to be placed on “trainee” status for the 20__ program year.

Trainees are generally exempt from volunteer hours and continuing education commitment, but are allowed participation to the extent possible while still maintaining the business and operational status as a UC Master Food Preserver trainee until certification as a UC Master Food Preserver volunteer has been achieved.

As condition of maintaining a trainee status, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability and provided Proof of California driver’s license and I will carry the minimum automotive liability insurance when transporting Master Food Preserver Volunteers, equipment or supplies.

Signature: _____

Printed Name: _____ Date: _____