



**Oregon State University**  
**Extension Service**  
**Master Gardener**



### Code of Conduct

This Code of Conduct is an agreement between volunteers who commit to the Oregon State University Extension Master Gardener Program and the Oregon State University Extension Master Gardener program faculty / staff in charge of programming at the county or local level. The Code shall guide the volunteers' behavior during their involvement with the Master Gardener Program.

The OSU Extension Master Gardener Program provides objective, research-based educational programs accessible to all Oregon residents. The primary purpose of this Code of Conduct is to ensure the safety and well-being of all Master Gardener Program participants (i.e. the general public that we serve, volunteers, faculty, staff and other professionals).

Master Gardener volunteers are expected to function within the guidelines of Oregon State University, Oregon State University Extension and the OSU Extension Master Gardener Program.

When volunteering as an Oregon State University Extension Master Gardener, I will:

- Represent OSU Extension, the OSU Extension Master Gardener Program and my individual county or local program with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and appropriate behavior.
- Learn about, know, respect, adhere to and uphold the policies of the OSU Extension Service, the OSU Extension Master Gardener Program and my local or county Master Gardener Program.
- Participate in orientation and training programs to help me work more effectively as a Master Gardener volunteer.
- Comply with equal opportunity and anti-discrimination laws
- Accept supervision and support from Extension faculty or staff while involved in the program.
- Be willing to use and teach research-based practices and concepts in an objective manner. Keep personal opinions and actions separate from the research-based and objective recommendations made as a representative of this organization
- Accept volunteer assignments suited to my personal abilities and follow through and complete accepted tasks in a timely manner.
- When working in an OSU Extension Master Gardener demonstration garden or other Master Gardener site, use garden tools and other equipment in a safe and responsible manner.
- Participate in staff and program evaluations, as requested.

The Oregon State University Extension Master Gardener program will provide

- Mutually agreeable volunteer work assignments that align with the mission and vision of the Master Gardener program,
- Master Gardener volunteer orientation, training, support, and supervision.
- Access to current program requirements, policies and guidance

In addition, Master Gardener volunteers can expect to:

- Be kept informed and be listened to by Extension faculty and staff.
- Be trusted and respected by Extension faculty, staff and coworkers.
- Be valued as a person capable of unique contributions.

**Workplace violence prohibited**

The safety and wellbeing of OSU Extension employees, clients, volunteers, students and visitors is of utmost importance. Threatening behavior, both verbal and physical, and acts of violence at OSU Extension offices, at OSU Extension events, or by electronic means will not be tolerated. Any person who engages in this behavior may be removed from the premises and may be dismissed from the OSU Extension Master Gardener Program.

If you experience workplace violence while serving as an Extension Master Gardener Volunteer, please communicate with your Extension Master Gardener Coordinator as quickly as possible so the matter can be addressed.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code is grounds for the suspension and/or termination of my volunteer status with the OSU Extension Master Gardener Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_



CONDITIONS OF VOLUNTEER SERVICE

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu
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Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY

OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You work on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver's license.

WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of OSU.

UNIVERSITY STANDARDS AND POLICIES

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Standards and Policies (including Code of Student Conduct, when applicable) and with any federal, state, city and other applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

TOTAL VOLUNTEER HOURS: \_\_\_\_\_ Estimate total hours for the duration of this activity, up to 12 months.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Name (Please print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

OSU Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

OSU Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.



**VOLUNTEER ASSUMPTION OF RISK**

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Please read carefully:**

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

**I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

Volunteer Name (Please print): \_\_\_\_\_

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

**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:  
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, \_\_\_\_\_, as a parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

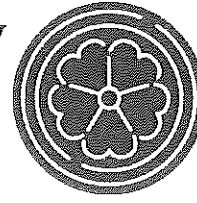
Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.**

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.



# Oregon State University Extension Service Master Gardener



## Position Description

**Title:** Oregon State University Extension Service Master Gardener™ Volunteer

**Purpose:** To provide research based and objective information and educational programs on sustainable home horticulture to the general public.

### Brief description of the position

- Answers general public questions and inquiries about gardening, landscape maintenance, pest management and related topics by telephone; at clinics, demonstrations, workshops, or informal classes; or in other ways possible and practical.
- Cooperates with an assists local OSU Extension faculty and staff.
- Keeps appropriate records, such as volunteer hours and public contacts; client questions and contact information.
- May assist in preparation of specific educational resources.

### Optional assigned duties (check if applicable)

- Works directly with persons under the age of 18 years, as part of their assigned volunteer service; in school gardens, community gardens, school garden programs, or in other venues
- Drives a motor vehicle on behalf of Oregon State University Extension, as part of their assigned volunteer service

### Requirements

- Must be available to participate in the training program for Master Gardener volunteers.
- Must be available to provide volunteer service to OSU Extension during the year that training is completed, and equivalent to the number of hours of training received.
- Must be able to effectively communicate with the public by telephone, personal contact, group contact, or in writing.
- Must demonstrate a commitment to diversity and to ensuring equal opportunity for those wishing to benefit from OSU Extension programs and services.
- Should have some knowledge and skills in basic horticulture and related areas.
- Should enjoy working with people.

### Supervision

- The county Extension faculty with responsibility for the local Master Gardener program provides overall supervision and support.
- Immediate supervision and support may be provided by a program assistant or a program coordinator, if available.

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

Date: \_\_\_\_\_

OSU Extension Signature: \_\_\_\_\_

Date: \_\_\_\_\_

