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Annual Compliance Proxy Authorization

I _____ (volunteer name) authorize _____ (print MSU professional name) to complete the volunteer annual compliance process for me in Volunteer Central.

I have been provided with the following documents:

- MSU Extension Volunteer Code of Conduct including the COVID-19 Addendum
- Evaluation Acknowledgement
- Media Release
- Medical Form

After reading and reviewing each of the documents, I authorize _____ (print MSU professional name) to log into Volunteer Central my behalf while speaking with me on the phone. During this time I will answer questions and provide information for the staff member to enter on my behalf.

This will include:

- Verifying name, birthdate, and contact information
- Agreeing to follow the MSU Extension Volunteer Code of Conduct
- Consenting to national, state, and sex offender background checks
- Answering questions found on the Evaluation Acknowledgement, Media Release and Medical Form

I understand that I am authorizing the above mentioned MSU professional to act on my behalf to complete my MSU Extension volunteer annual compliance in Volunteer Central. I understand that this is a one-time permission and expires one year from today's date.

_____ Volunteer Name (Print)

_____ Volunteer Name (Signature)

_____ Date

To contact an expert in your area, visit extension.msu.edu/experts or call 888-MSUE4MI (888-678-3464)

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