**Volunteer Approval Letter with Restrictions** (*to be put on Extension and Outreach letterhead; save a copy of the dated letter/email in your file*)

Date

Volunteer Name

Volunteer Address

Dear Volunteer First Name,

We are pleased to welcome you as a new ISU Extension and Outreach volunteer in \_\_\_\_\_\_\_\_\_\_\_\_ County.

The \_\_\_\_\_\_\_\_\_\_\_\_ County Extension Council has approved you to begin your service with the following restriction:

*List restriction* (i.e., You may not transport others in your volunteer capacity, etc.)

If you have any questions about this restriction or would like to request a copy of your background screening report, please contact us at *list contact information*.

As you may know, ISU Extension and Outreach is held in high regard across the state, and we welcome you to continue that tradition. When volunteering, we ask that you conduct yourself in a manner that would bring honor to Extension and Outreach, avoiding any behavior that could potentially put our program in a negative light.

As a benefit of your volunteer status, you will be covered under our liability insurance when you are serving in your official volunteer capacity for Iowa State University Extension and Outreach in \_\_\_\_\_\_\_\_\_\_\_\_ County. This coverage begins from when you leave your home for your volunteer service until you return home.

We look forward to working with you in the future and appreciate the knowledge and skills that you bring to our organization.

Sincerely,

Extension staff member or Extension Council president