

**VETERINARY CORPS
VOLUNTEER AUTHORIZATION FORM**

Pursuant to the Annotated Code of Maryland, State Government Article, § 12-101(a)(3)(ii) and the Code of Maryland Regulations 25.02.01.02B(8), the Maryland Department of Agriculture and the Maryland Department of Health and Mental Hygiene hereby recognizes _____, (the "Volunteer"), as a volunteer who may perform any duties authorized by the Governor, the Secretary of the Department of Agriculture, the Secretary of the Department of Health and Mental Hygiene, the Board, or their agents. When performing duties so authorized, the Volunteer qualifies as State personnel under the Maryland Tort Claims Act, Annotated Code of Maryland, State Government Article, § 12-105, and the Courts and Judicial Proceedings Article §5-522(b), meaning that the Volunteer is immune both from suit in the courts of the State and from liability for acts or omissions within the scope of the Volunteer's authorized duties that are performed without malice or gross negligence.

By signing this document, the Volunteer agrees to perform only those duties authorized by the Governor, the Secretary of the Department of Agriculture, the Secretary of the Department of Health and Mental Hygiene, the Board, or their agents, and understands that the Volunteer is immune from both suit and liability to the extent provided under the above referenced statutes. If the Volunteer wishes to obtain protection from suit or liability for acts performed that are not authorized by the Governor, the Secretary, the Board, or their agents, the Volunteer agrees and understands that it is the Volunteer's sole responsibility to obtain the necessary insurance coverage.

Volunteer Name (Please Print)

Volunteer Signature and Date

ON BEHALF OF THE MARYLAND DEPARTMENT OF AGRICULTURE AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I RECOGNIZE _____ AS A VOLUNTEER AUTHORIZED TO PERFORM DUITES AS PROVIDED ABOVE.

License/ID # _____

Maryland Department of Agriculture

Date

Maryland Department of Health and Mental Hygiene

Date

Note: The Volunteer further agrees and understands that the Volunteer is not entitled to workers' compensation insurance coverage from the State of Maryland for any injury or illness that may arise in the course of performing the Volunteer's authorized duties. The Volunteer is solely responsible to obtain the necessary accident, disability, and/or health insurance to cover the costs associated with such an injury or illness.