



**Lewiston Municipal Volunteer Program
Confidentiality Agreement**

Between

the

City of Lewiston

and

Municipal Volunteers

I acknowledge that I am a volunteer assigned to the City of Lewiston's
_____.

I do hereby certify that all information that I receive from the City in relation to my assigned duties shall be regarded as '**CONFIDENTIAL**,' and I shall not share the information with anyone except other designated individuals.

Dated

Volunteer Name

**City of Lewiston, Maine
Municipal Volunteer Program
Volunteer Release and Waiver of Liability**



This Release and Waiver of Liability, (the "Release") executed on this ___ day of _____; 20__, by _____, (hereinafter "Volunteer"), in favor of the City of Lewiston, and its directors, officers, employees and agents.

Volunteer desires to work in a volunteer capacity for the City of Lewiston and to engage in activities related to being a volunteer on premises owned, operated, or maintained by the City of Lewiston (the "Activities") or traveling as a City of Lewiston volunteer. Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **RELEASE AND WAIVER:** Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless the City of Lewiston and its municipal departments, and its officers, directors, employees, agents, insurers and representatives, successors and assigns, from any and all liability claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the City of Lewiston.

Volunteer understands that this Release discharges the City of Lewiston from any liability or claim that the Volunteer may have against the City of Lewiston with respect to any bodily injury, personal injury, illness, death, or property damage (hereinafter "loss") that may result from Volunteer's Activities with the City of Lewiston, whatever the cause of such loss and without regard to whether the loss was caused by the negligence of the City of Lewiston or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against the City of Lewiston for any such loss. Volunteer also understands that the City of Lewiston does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

Initial _____

2. **MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge the City of Lewiston from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the City of Lewiston. Volunteer authorizes the City of Lewiston, its agents, representatives, and other volunteers to act or refrain from acting, in accordance with their best judgment, on Volunteer's behalf in case of an emergency. Nothing in this paragraph or elsewhere herein shall create any affirmative obligation requiring the City of Lewiston, its officers, directors, employees, or volunteers to render any first aid to Volunteer in the event of a medical issue.

3. **INSURANCE:** Volunteer understands that, except as otherwise agreed upon by the City of Lewiston in writing, the City of Lewiston does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.
4. **OTHER:** Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Maine, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maine. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable.

IN WITNESS WHEREOF, Volunteer (and Volunteer's parent/legal guardian if Volunteer is under age 18) has carefully read this Release and agrees with all its terms and conditions, and has executed this Release as of the day and year first written.

Signature of Volunteer: _____

Printed Name of Volunteer: _____

Signature of Parent/Legal Guardian if Volunteer Is 17 Years of Age or Under (*must be at least 13 years old*): _____

Printed Name of Parent/Legal Guardian: _____

_____ Mother _____ Father _____ Legal Guardian

Witness Signature (WITNESS ONLY NEEDED IF VOLUNTEER IS A MINOR):

Printed Name of Witness: _____

Volunteer Information:

Address: _____

City/State: _____ Zip Code: _____

Phone #s: (Home) _____ (Cell) _____ (Work) _____

E-mail Address: _____

Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

My signature below constitutes authorization for release to the City of Lewiston all information relating to my employment, criminal and driving history, including without limitation, criminal arrest and conviction record checks, reference checks and release of investigatory information possessed by any person, corporation, or state, local or federal agency. I further authorize those persons, agencies or entities that the City of Lewiston contacts in connection with my employment application to fully provide such information to the City of Lewiston. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the City of Lewiston, its agents and officials or against any provider of such information. A photocopy of this authorization shall have the same effect as an original.

I understand that information submitted in connection with my application for employment may be disclosed to a screening and/or interviewing committee, which may include elected officials, administrators, other staff, and members of the community. I give my consent to this disclosure.

[Please Print- **ALWAYS** use full Legal Name]

Last Name _____	Soc. Sec. Number _____
First Name _____	Date of Birth _____
Middle Name _____	Any/All Previous Name(s) _____
Mailing Address _____	_____
City, State, Zip _____	Driver's License # _____
# of years at address above: _____	State of License _____

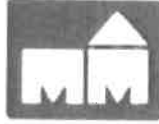
I affirm that all answers given to the City of Lewiston are true and complete.

Date

Signature

Have you ever lived outside of Maine? Yes No

If you answered yes to the above question you must fill out a second background check release (MMA background check release form)



**MAINE MUNICIPAL ASSOCIATION
BACKGROUND CHECK AUTHORIZATION FORM**

For City of Lewiston

I, _____, understand that in order to assess my qualifications for the position of _____, a full background investigation is necessary. I, therefore, authorize the Maine Municipal Association (for the City of Lewiston), to conduct an investigation which may include but not be limited to: verification of information provided by me to the Maine Municipal Association; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the City of Lewiston, as part of the employment process, are accurate and truthful.

Applicant Name: _____
(Please list maiden name or any other names previously used.)

Street Address: _____

Mailing Address: _____

City/Town: _____

State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Social Security Number: _____

Date of Birth _____

Drivers License # _____ **State of Issuance** _____

Applicant Signature: _____

Date: _____