



Human Resources Office • PO Box 5021 • Great Falls, MT 59403

VOLUNTEER APPLICANT RELEASE FORM

I, _____, presently residing at
Printed Name (First, Middle, Last)

_____ have applied for
Address (Street, City, State, and Zip)

volunteer work with the City of Great Falls (the City). For the purposes of determining my fitness and suitability for volunteerism with the City, I hereby release from liability and promise to hold harmless from any liability any and all persons who shall furnish any information regarding my background, employment history, personal skills or attributes. I authorize any person or legal entity who may be contacted by a representative of the City of Great Falls to release and transmit to such representative any information or data they may have regarding my background, employment history, personal skills or attributes. I hereby release from liability and promise to hold harmless from any liability any and all persons and entities contacted by the City, and I hereby waive the right to maintain such information as confidential.

I agree to hold harmless and release from liability the City of Great Falls and its designated representative, for any statements, acts, or omissions in the course of the investigation into my background, employment history, personal skills or attributes. I realize that the City will **NOT** release the information provided to them to any person who is not part of the review process, **including myself**. The information submitted to the City of Great Falls is confidential and will be used only to determine my fitness and suitability to volunteer with the City.

READ CAREFULLY BEFORE SIGNING—IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

Signature of Applicant

Date

Printed Full Name (First, Middle, Last)

Other Names Used (maiden, etc.)

Social Security Number

Date of Birth

PD _____

CW _____

SVR _____

RESULTS _____

APPROVED BY _____