

VOLUNTEER SERVICES AGREEMENT AND RELEASE

Confidentiality Agreement

I respect the confidentiality of City information and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public except within the guidelines of the City.

Photo Release

I give the City of Lemon Grove, free of any compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for the City. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

Reference Verification and Background Checks

I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I authorize fingerprinting, photographing and criminal background checks and Department of Motor Vehicles checks as necessary for specific positions that I have volunteered to perform. On behalf of myself, my heirs and representatives, I hereby release the City of Lemon Grove, its elected officials, employees and agents from all liability for any damages that may result from my reference verification and background check(s). The background check policy is available upon request.

Permission to Seek Medical Treatment

In the event of an emergency, I hereby give the City of Lemon Grove permission to seek medical attention for myself or my child, if volunteer applicant is less than 18 years of age.

Insurance Information and Release

I understand that there are some risks and that I may be injured in the course of performing these volunteer activities or services for the City. I understand that the City's policy is to cover volunteers as "employees" of the City for sole purpose of California Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits. With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Lemon Grove or any of its agents, officers, employees or other volunteers, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, officer or volunteer of the City of Lemon Grove as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Lemon Grove, its agents, officers, employees and other volunteers from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I have carefully read this agreement and fully understand its contents. I am aware that this is a partial release of liability and a contract between myself and the City of Lemon Grove and sign it of my own free will.

Name: (please print) _____ **Date:** _____

Signature: _____

Signature of parent or guardian (if volunteer is under 18 years of age): _____