



KENNEBEC COUNTY SHERIFF'S DEPARTMENT

VOLUNTEER/INTERN STATEMENT OF CONFIDENTIALITY AND WAIVER FORM

I understand that any material omissions and/or false information I record on the applications will be sufficient reason for rejection of this application or termination of my Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Volunteer/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer/Intern if terminated. Also, I understand that I am not an employee of the Kennebec County Sheriff's Department, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Kennebec County Sheriff's Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Volunteer/Intern.

I further agree to release Kennebec County its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer's/Intern's Signature _____ Date _____

Staff Sergeant _____ Date _____