



CITIZENS POLICE ACADEMY APPLICATION

Name: _____ Phone: _____ - _____ - _____

Complete address: _____

Date of birth: ____ / ____ / ____

Email address: _____

In case of emergency, please contact:

Name: _____ Daytime phone: _____ - _____ - _____

Mobile phone: _____ - _____ - _____ Relationship: _____

Have you done volunteer work in the past? Yes No

(If yes, please indicate what organization/type of work done):

List your special skills, training, interests, languages, etc...:

Gwinnett County will allow persons with disabilities to perform volunteer work. Are there any reasonable physical or structural accommodations that would be necessary for you to perform your volunteer duties? Yes No
(If yes, please list type of accommodations.)

Type of volunteer activity you are interested in: (Check all that apply.)

Special Events Police

Office Assistance

Role Player for Training Exercises

You are required to disclose any and all arrests, even if you were a juvenile, sentenced under a first offender act, charged on a citation or ticket, released without charges, found innocent, or had your record sealed or expunged. All of these are shown on background checks performed, regardless of what you may have been told by an attorney or judge.

Have you ever been arrested? Yes No

If, yes complete the table below:

POLICE/COURT JURISDICTION	CHARGE	FELONY/ MISDEMEANOR	DATE	DISPOSITION (dismissed, probation, jail time, fine, community service, etc.)

I hereby certify that I am making an official application to provide volunteer services for the Gwinnett County Police Department and the information presented above is accurate. Any false statements will be punishable under O.C.G.A. 16-10-20.

Signature

____ / ____ / ____
Date



**CITIZENS POLICE ACADEMY APPLICATION
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Gwinnett County Police Department to obtain and/or receive any criminal history and/or driving history records/information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in Georgia, any other state or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

CRIMINAL HISTORY RECORD
DRIVER HISTORY RECORD

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Police Department in determining my suitability to volunteer in the department.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding that it is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this authorization. Should there be any questions as to the validity of this release you may contact me as indicated below.

Name: _____ Signature: _____ /_____/_____
Please print full name Date signed

Driver's License No.: _____ State : _____

Complete address: _____

Home phone: _____ - _____ - _____ Business phone: _____ - _____ - _____ Other phone: _____ - _____ - _____

Race: _____ Sex: M F Date of birth: _____ / _____ / _____



**CITIZENS POLICE ACADEMY APPLICATION
GCIC/NCIC HISTORY REQUEST WORKSHEET**

OCA#/ARN: _____ Date: ____ / ____ / ____ Position applied for: _____

Full name: _____ *(No initials unless the initial is your name)*

Complete address: _____

Home phone: ____ - ____ - ____ Business phone: ____ - ____ - ____ Other phone: ____ - ____ - ____

Race: _____ Sex: M F Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Date of birth: ____ / ____ / ____ Age: _____ Social Security No. : _____

Driver's License No.: _____ State : _____

Class of Driver's License: _____ Expiration date : ____ / ____ / ____ Restrictions: _____

List any other names you have used or gone by. List each one with both a first and last name followed by an explanation in parenthesis.
(alias, maiden name, nickname, previous marriage, adopted name, etc.)

_____	(_____)
Name	Explanation
_____	(_____)
Name	Explanation
_____	(_____)
Name	Explanation
_____	(_____)
Name	Explanation
_____	(_____)
Name	Explanation

In the table below, list all of the states and countries where you have ever had a driver's license:

State	Year	Country	Year



**CITIZENS POLICE ACADEMY APPLICATION
VOLUNTEER WAIVER OF LIABILITY**

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ - _____ - _____

In consideration of having been accepted as a volunteer for the above-referenced department of Gwinnett County, and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Gwinnett County involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk which I am willing to assume. As a Gwinnett County volunteer, I hereby agree to comply with Gwinnett County Government's policy prohibiting the possession of weapons while on duty for the County.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

By signing, I acknowledge that I am not employed by any branch of Gwinnett County Government, and do hereby request permission to accompany a Gwinnett County employee in a Gwinnett County vehicle. I understand that, as a condition of accompanying an employee of the Gwinnett County Board of Commissioners, I relieve and absolve the Gwinnett County Board of Commissioners and its employees of any and all claims, lawsuits, or any causes of action that may arise from accompanying said employee. I further release, renounce and waive all claims, lawsuits or any causes of action against any insurance company which insures the Gwinnett County Board of Commissioners and its vehicles.

I understand that as a volunteer I am in no sense an employee of Gwinnett County and that I possess no rights under the Gwinnett County Merit System. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Gwinnett County which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of Gwinnett County may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

Signature of Volunteer

_____/_____/_____
Date Signed