

GWINNETT COUNTY POLICE DEPARTMENT VOLUNTEER APPLICATION PACKET INSTRUCTIONS:

This packet is to be completed for anyone requesting voluntary training or to provide volunteer services for any area in Gwinnett County Police Department.

The following forms are required for volunteers wishing to work the following areas: Animal Welfare and Enforcement, Citizen's Police Academy (CPA) and Community Emergency Response Team Training (CERT):

- Volunteer Application, GCPD Form #216
- Authorization for Release of Information/Consent Form
- Awareness Statement for Volunteers, GCPD Form #342
- Volunteer Waiver of Liability, GCPD Form #218
- Backgrounds Investigations Unit-GCIC/NCIC History Request Worksheet, GCPD Form #341
- Volunteer Agreement, GCPD Form #388

Volunteers wishing to work in the Office of Emergency Management and/or as an Office Assistant are also required to complete:

- Fingerprinting Request, GCPD Form #326 (**Only complete personal information- leave OCA/ARN# blank-form will be completed by police personnel and you will receive further information if we determine actual prints are required.**)

If selected to participate, you will receive a letter with additional information.

ANY INCOMPLETE PACKETS WILL DELAY PROCESSING.

All applicants will be notified as to status of the application.

Send application to the attention of the **Volunteer Coordinator** by email, fax or mail:

policevolunteers@gwinnettcountry.com

770-513-5531 (fax)

P.O. Box 602

Lawrenceville, GA 30046

Questions contact: Sgt. K.S. Perkins @ 770-513-5078 or
Sgt. G.R. Thompson @ 770-513-5501 or
Email provided above

Gwinnett County Police Department

Volunteer Application

Name: _____ Date: ____ / ____ / ____

Complete Address: _____

Contact Information:

Home Phone: _____ - _____

Mobile Phone: _____ - _____

Work Phone: _____ - _____

Email Address: _____

Preferred Contact: Home: Mobile: Work: Email:
(If by phone, please indicate am/pm as best time to call)

How did you hear about our program?

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, etc.:

In Case of Emergency, Please Contact:

Name: _____ Daytime Phone: _____ - _____

Mobile Phone: _____ - _____ Relationship: _____

References:

(Please list names and phone numbers for two persons, not related to you, whom you have known for at least one year.)

I authorize Gwinnett County to contact the references I have listed.

Signature

Gwinnett County Police Department

Volunteer Application

Personal Information:

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License Number/State: _____ / _____

Are you multi-lingual? Yes No
(If yes, please list any languages other than English that you speak.)

Gwinnett County will allow persons with disabilities to perform volunteer work. Are there any 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, brief descriptions on last page.)

Citizen's Police Academy (CPA)
Office Assistance
Animal Foster Home
Special Events Shelter
Landscaping

Community Emergency Response Team (CERT)
Animal Shelter
Special Events Police
Role Player for Training Exercises

Days/Times you are available to volunteer:

	8:00 a.m. to 12:00 p.m.	12:00 p.m. to 5:00 p.m.	After 5:00 p.m.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please enter start/end times if specific dates/times are requested.

Have you ever been arrested? Yes No Date of Offense: _____ / _____ / _____

Have you received a non-traffic related citation? Yes No Date of Offense: _____ / _____ / _____

What offense(s)? _____

Final disposition(s)? _____ Date Disposed: _____ / _____ / _____

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

GWINNETT COUNTY POLICE DEPARTMENT

VOLUNTEER WAIVER OF LIABILITY

Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____

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 and 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.

I, the undersigned, do hereby waive and release any and all rights or claims 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, its personnel, employees, officials, staff, or agents because 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 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.

I hereby authorize the County's representatives to contact the references listed on my volunteer application in order to determine my eligibility for volunteer service, and authorize the County to make such other inquiries as may be necessary to determine my eligibility for such service.

Signature of Volunteer

_____/_____/_____
Date Signed

GWINNETT COUNTY POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS - BACKGROUND INVESTIGATIONS UNIT
GCIC/NCIC HISTORY REQUEST WORKSHEET

PLEASE PRINT LEGIBLY

OCA#/ARN: _____ DATE: _____ POSITION APPLIED FOR: _____

FULL NAME: _____ (NO INITIALS UNLESS THE INITIAL IS YOUR NAME)

CURRENT ADDRESS: _____ HOME PHONE: _____

_____ BUSINESS PHONE: _____

_____ OTHER PHONE: _____

RACE _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NUMBER: _____ 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

Gwinnett County Police Department

Awareness Statement for Volunteers

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any volunteer except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy and Computer Forgery. The criminal penalties for each offense carry maximum sentences of 15 years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The act also establishes Computer Password Disclosure as a criminal offense with penalties of one year in prison and/or a \$5,000 fine.

The Georgia Criminal Justice Information System (CJIS) Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____ Date: / /

Witnessed by: _____ Date: / /

Gwinnett County Police Department

Volunteers in Policing Program

Volunteer Agreement

This agreement demonstrates the respect with which we treat our volunteers. The intent of the agreement is to assure you of both our sincere appreciation for your time and services and to indicate our commitment to do the very best that we can to make your volunteer experience here a productive and rewarding one for you, the citizens you serve and the Gwinnett County Police Department.

I. Gwinnett County Police Department

The Gwinnett County Police Department agrees to accept the service of:

_____ beginning _____

and grants each volunteer the following rights:

1. To be treated as an equal partner with the career staff and to be jointly responsible for the successful completion of the Gwinnett County Police Department's mission.
2. To be offered the most closely matching volunteer position placement in terms of the volunteer's expressed interests, skills and capabilities.
3. To be supported in terms of timely and adequate information, performance enhancing training, and other assistance, in order to help facilitate the volunteer with meeting the responsibilities of his/her position(s).
4. To ensure the volunteer of diligent supervisory assistance and to provide timely and constructive feedback on his/her performance.
5. To be kept informed about program activities and calendar changes.
6. To be assigned meaningful work.
7. To receive the respect, appreciation, recognition, and consideration due all workers.

II. Volunteer

The person volunteering for service to Gwinnett County Police Department whose name and signature appear on this agreement agrees to accept the terms of this agreement as follows:

1. To attend a Volunteer Orientation within the first year as a volunteer.
2. To fulfill my commitment of 24 hours of service each year unless:
 - I withdraw from the program,
 - I am removed from the program or
 - there are no opportunities available.

Gwinnett County Police Department

Volunteers in Policing Program

Volunteer Agreement

II. Volunteer (continued)

3. To perform my volunteer duties, as assigned, courteously and in good spirit and to the best of my ability, and to seek guidance when in doubt.
4. To be prompt and reliable in my attendance; to contact my supervisor if unable to work as scheduled and to stay for the entire length of my assigned shift, unless officially relieved.
5. To dress appropriately for work (clean and casual).
6. To maintain the confidentiality and security of the workplace, including reports and victim/complainant/suspect related information.
7. To attend continuing education training classes that are necessary for maintaining competence in my position(s).
8. To respect the career staff, other volunteers, and the public and to continually strive to maintain the smooth working relationship with Gwinnett County Police Department.
9. To work safely and adhere to the Gwinnett County Police Department's General Directives Manual relating to policies and procedures pertaining to non-sworn civilian employees.
10. To accept the Gwinnett County Police Department's right to dismiss a volunteer for poor performance, including poor attendance, or for violations of the aforementioned policies.
11. To inform my supervisor of any events or situations that are out of the ordinary.

I hereby acknowledge that I have read and fully understand the terms and conditions of the Volunteer Agreement and that I agree to comply with same. I further acknowledge that I have had the opportunity to get any and all questions regarding this agreement answered to my satisfaction.

Volunteer's Name (Please Print)

Volunteer Coordinator's Name (Please Print)

Volunteer's Signature

Volunteer Coordinator's Signature

Date

Date

GWINNETT COUNTY POLICE DEPARTMENT

770 Hi-Hope Road
Lawrenceville, GA 30043

VOLUNTEER PROGRAM

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 _____
Please Print Full Name Signature Date Signed

Driver's License No. _____ Social Security No. _____

Complete Home Address: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Race _____ Sex M F Date of Birth: _____