

**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 Citizen's Police Academy (CPA) and Community Emergency Response Team Training (CERT):

- Volunteer Application, GCPD Form #216
- Authorization for Release of Information/Consent Form

For any additional volunteer activities:

- The above mentioned
- Fingerprinting Request , GCPD Form #326 (**Only complete personal information-form will be completed by police personnel and returned to you with additional instructions**)
- Backgrounds Investigations Unit-GCIC/NCIC History Request Worksheet, GCPD Form #341
- Volunteer Agreement, GCPD Form #388

Once selected to participate, you will receive a letter with additional paperwork that must be submitted. All volunteers must be fingerprinted within 30 days of receipt of the letter. There is no charge and you will receive further instructions in the selection letter.

ANY INCOMPLETE PACKETS WILL NOT BE PROCESSED.

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

Send application to Sgt. Christina Schiralli by email, fax or mail:

policevolunteers@gwinnettcountry.com

770-513-5531 (fax)

P.O. Box 602

Lawrenceville, GA 30046

Questions: contact Sgt. Schiralli at 770-513-5506 or via 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) | <input type="checkbox"/> | Community Emergency Response Team (CERT) | <input type="checkbox"/> |
| Office Assistance | <input type="checkbox"/> | Animal Shelter | <input type="checkbox"/> |
| Animal Foster Home | <input type="checkbox"/> | Special Events Police | <input type="checkbox"/> |
| Special Events Shelter | <input type="checkbox"/> | Role Player for Training Exercises | <input type="checkbox"/> |
| Landscaping | <input type="checkbox"/> | | |

Days/Times you are available to volunteer: (Please enter start/end times if specific dates are requested.):

| | Day | Evening | Anytime |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever been arrested or 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

Volunteer Assignment Descriptions

Citizen's Police Academy:

9 week training class that meets every Tuesday and Thursday from 6pm to 9pm. The training normally takes place in the spring. Dates will be available after the first of the year. Participants will learn about the different departments that make up Gwinnett County Police and their functions. Training is free.

Community Emergency Response Team:

Eight week training class (one night per week). Hands on training that teaches you how to take care of yourself, family and neighbors in the event of a disaster. Classes are held several times per year. Training is free.

Office Assistance:

Assisting different areas in the police department with essential duties such as data entry, filing, and overall office organizational responsibilities. Times will vary depending on the department that needs assistance; however, the volunteer should be available to assist during the hours of 8am to 5pm Monday through Friday.

Animal Shelter:

Walking dogs, handling cats and kittens, cleaning and sanitizing areas and assisting citizens with bonding with animals they are interested in adopting. The shelter is open Tuesday through Saturday from 10am to 4pm and Sunday from 12pm to 4pm.

Animal Foster Home:

This program is not established yet; however, if it is something you would be interested in providing in the future, you will be contacted.

Special Events (Police):

During the year, the police department will have several special events in which volunteers would be a great help. These include but are not limited to a golf tournament, SWAT Trot, COPS Festival, etc. Dates and hours will vary

Special Events (Shelter):

A volunteer would assist with events such as pet pictures with Santa, off-site adoptions, fund raisers, etc. These events normally occur on a Saturday or Sunday.

Role Player for Training Exercises:

Act as a victim, witness, or suspect in police training exercises. The volunteer would be given instructions and a script if needed. Any safety equipment necessary would be provided. These training exercises normally take place Monday through Friday from 8am to 5pm.

Landscaping:

Our Training Facility encompasses a large green space. Assistance would be needed in mowing, edging, pulling weeds, trimming shrubbery, etc. Hours would vary.

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: _____

Gwinnett County Police Department

Fingerprinting Request

Criminal Justice (35-8-8)

Police Officer Applicant (Code Z) ☐

Communications Officer Applicant (Code Z) ☐

Other Criminal Justice Applicants/Volunteers/Contractors (Code J) ☐

Non-Criminal Justice Volunteers/Contractors (Code C) ☐

Gwinnett County, Georgia - GA0670200

OCA/ARN

Print Full Name:

Include maiden name or other previously used name

Social Security Number:

INS Alien/Admission No.:

Date of Birth:

Race:

Sex:

Eyes:

Weight:

Hair:

Height:

Place of Birth:

City

State

Country

Residence/Street
Address:

Street Address

City, State, Zip

County

Home Phone:

Mobile Phone:

Business Phone:

Email address:

Signature:

Date:

Two fingerprint cards should be printed and returned to the Backgrounds Unit along with the response. One will be sent to Georgia P.O.S.T. Council and the second will be maintained in the applicant's file for identification purposes.

**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: _____ INCL. AREA CODE
 _____ BUSINESS PHONE: _____ INCL. AREA CODE
 _____ OTHER PHONE: _____ INCL. AREA CODE

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

DATE OF BIRTH: ____/____/____ AGE: _____ SOCIAL SECURITY NUMBER: _____

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

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 receptive to any constructive comments from the volunteer regarding ways in which we might better accomplish our respective tasks.
3. To be offered the most closely matching volunteer position placement in terms of the volunteer's expressed interests, skills and capabilities.
4. 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).
5. To ensure the volunteer of diligent supervisory assistance and to provide timely and constructive feedback on his/her performance.
6. To be kept informed about program activities and calendar changes.
7. To be assigned meaningful work.
8. 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 an Orientation Program within 30 days of selection as a volunteer.
2. To fulfill my commitment of 24 hours of service each year unless I withdraw from the program.

Gwinnett County Police Department

Volunteers in Policing Program

Volunteer Agreement

II. Volunteer (continued)

3. To perform my volunteer duties 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 accept Gwinnett County Police Department's right to dismiss a volunteer for poor performance, including poor attendance.
10. To work safely and adhere to the Gwinnett County Police Department's General Directives Manual relating to policies and procedures.
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