



GWINNETT COUNTY  
POLICE DEPARTMENT  
**VOLUNTEER APPLICATION  
PACKET INSTRUCTIONS**

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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, and Community Emergency Response Team Training:

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

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:

- Email: [PoliceVolunteers@GwinnettCounty.com](mailto:PoliceVolunteers@GwinnettCounty.com)
- Fax: 678.277.0011
- Mailing address: 3125 Satellite Boulevard, Duluth, GA 30096

For more information, visit [GwinnettCounty.com](http://GwinnettCounty.com).



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:

Table with 5 columns: 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



**VOLUNTEER 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



VOLUNTEER 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.)

Table with 2 columns: Name, Explanation. Multiple rows for listing names and explanations.

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

Table with 4 columns: State, Year, Country, Year. Grid for listing driver's license history.



## AWARENESS STATEMENT FOR VOLUNTEERS

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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 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.

Name: \_\_\_\_\_  
Please print full name

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**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

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

**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