

# 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.:

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### 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.)*

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

\_\_\_\_\_  
Signature

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## 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  Landscaping  Community Emergency Response Team (CERT)  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	<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"/>

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