Gwinnett County CERT Application Packet

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Instructions

A. Fully complete all seven Gwinnett County Police Department (GCPD) forms

B. Send all completed forms to Police Volunteer Coordinator
    by email:
    policevolunteers@gwinnettccounty.com with the subject line ‘CERT application’

    or by fax:
    770-513-5126

    or by mail:
    Police Volunteer Coordinator
    P.O. Box 602
    Lawrenceville GA 30046

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

D. Retain the class schedule(s) for future reference
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

GCPD #216 (Rev. 08/03/12)
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

GCPD #216 (Rev. 08/03/12)
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 Emergency Management

Fingerprinting Request
Criminal Justice (35-8-8)

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

Gwinnett County, Georgia – GA0670200 OCA/ARN: ___________________________

Name: ________________________________________________________________

First            Middle            Last

Social Security No.: ___________________ INS Alien/Admission No.: ______________

Date of Birth: ___________________ Sex: □ M        □ F      Race: ___________________

Eye Color: ___________________ Weight: _______ Hair Color: ___________________ Height: _______

Place of Birth: ___________________

City               State               Country

Residence/Street Address: __________________________________________________________

Street Address

City               State               Zip               County

Phone Numbers: Home: ___________ Work: ___________ Mobile: ___________

Signature: ___________________________________________ Date: __________

GCPD #326 (Rev 05/20/11)
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.)

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

_________________________________ ( _____ ) EXPLANATION

IN THE TABLE BELOW, LIST ALL OF THE STATES AND COUNTRIES WHERE YOU HAVE EVER HAD A DRIVER’S LICENSE:

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<th>STATE</th>
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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 (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: / /

GCPD #342 (05/20/11)
Gwinnett County Police Department
Office of Emergency Management
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 Office of Emergency Management and Police Department.

I. Gwinnett County Police Department, Office of Emergency Management

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 8 hours of service each year unless:
   • I withdraw from the program,
   • I am removed from the program or
   • there are no opportunities available.

GCPD #388 Rev. 03/15/12
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 ___________________________  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: ______________

GCPD #391 (05/20/11)
CERT Schedule / Class #38

All sessions are from 6:30 p.m. to 9:00 p.m. (Tuesday), with the exception of the Course Review and Disaster Simulation on (Saturday); that will take place from 8:00 a.m. to 12 p.m.

Gwinnett Police 911 Annex: 800 Hi Hope Road, Lawrenceville, 30043

Gwinnett Police Training Center: 854 Winder Hwy, Lawrenceville 30045

09-08-15 Introduction / Disaster Preparedness @ Gwinnett Police 911 Annex
09-15-15 Fire Safety @ Gwinnett Police 911 Annex
09-22-15 Medical Operations Part One @ Gwinnett Police 911 Annex
09-29-15 Medical Operations Part Two @ Gwinnett Police 911 Annex
10-06-15 CERT Organization @ Gwinnett Police 911 Annex
10-13-15 Terrorism & Disaster Psychology @ Gwinnett Police 911 Annex
10-20-15 Light Search and Rescue @ Gwinnett Police 911 Annex
10-24-15 Course Review and Disaster Simulation @ Gwinnett Police Training Center (8 a.m. to 12 p.m.)