

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 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