MARIETTA POLICE DEPARTMENT

Intern / Volunteer Program(s) / Citizens Academy Application

****Failure to complete all required sections of this application will delay approval process.**

NAME: (Last): _____ (First): _____ (Middle): _____

Date of Birth: _____ **Social Media Account Names**: _____

Applicants Address: _____

City: _____ **State**: _____**Zip**:_____

Cell Number: _____ **Home Number**: _____ **E-Mail**: _____

Are you a United States citizen? _____ If no, can you provide immigration status? _____

REASON FOR APPLYING: (CIRCLE ONE):

PAL YELLS CJ INTERNSHIP VOLUNTEER CITIZENS ACADEMY

Applicants Signature: _____ **Date**: _____

INTERNS FILL OUT THIS SECTION

College/ University_____

Address:_____

City:_____ State:_____ Zip:_____

Major: _____ Intern advisor approval letter/ email received: **YES / NO** (Attach Packet)

Instructor/ Advisor / Name: _____

PH#:_____Email:_____

Date Internship to begin: _____ End: _____

Number of Hours Required: _____

----------**DEPARTMENT USE ONLY**----------

Criminal History Request Form Completed Date: _____ By: _____

Personal Records Release Completed Date: _____ By: _____

Credit/ license / Wanted person Completed Date: _____ By: _____

Waiver Liability Completed Date: _____ By: _____

GCIC Awareness Statement Completed Date: _____ By: _____

Intern / Volunteer Coordinator: _____ACCEPTED or DENIED

CRU Lieutenant or Designee: _____ACCEPTED or DENIED

CRU Major or Designee: _____ACCEPTED or DENIED

APPLICANT is ACCEPTED or DENIED Date: _____ By: _____

Revised 10/18/19

MARIETTA POLICE DEPARTMENT
Intern / Volunteer Program(s) / Citizens Academy Application

Past Experience:

List all organizations, clubs and associations which you are now, or ever have been a member of or associated with:

_____

_____

_____

What are your hobbies, special skills, and abilities? Please include any foreign language skills:

_____

_____

_____

_____

Job Experience:

Please list the last three jobs you've held along with the company name, supervisor, and phone number:

Job Position	Company	Supervisor	Phone number

MARIETTA POLICE DEPARTMENT

Intern / Volunteer Program(s) / Citizens Academy Application

Medical History:

Have you ever been hospitalized: **YES** **NO**
If YES, please explain:

_____

_____

_____

Do you currently take any long-term medications? **YES** **NO**
If YES, please explain:

_____

_____

_____

Do you suffer from any medical conditions? **YES** **NO**
If YES, please explain:

_____

_____

_____

Are you allergic to anything: **YES** **NO**
If YES, please explain:

_____

_____

_____

Is there anything you feel necessary for us to know?
If YES, please explain:

_____

_____

_____

MARIETTA POLICE DEPARTMENT

Intern / Volunteer Program(s) / Citizens Academy Application

Past Experience:

List all organizations, clubs and associations which you are now, or ever have been a member of or associated with:

_____

_____

_____

What are your hobbies, special skills, and abilities? Please include any foreign language skills:

_____

_____

_____

_____

Job Experience:

Please list the last three jobs you've held along with the company name, supervisor, and phone number:

Job Position	Company	Supervisor	Phone number

MARIETTA POLICE DEPARTMENT
BACKGROUND QUESTIONNAIRE for
Intern / P.A.L. / Y.E.L.L.S. / Volunteer
(CIRCLE ONE)

Purpose: Due to the sensitive nature of information you may have access to and the ages of people in the programs, it is necessary to perform a thorough background investigation. These questions are presented to provide Marietta Police Department a fully developed picture of each Intern, Volunteer, PALS Volunteer, and YELLS Volunteer applicant.

Name:_____Date:_____

You MUST answer all questions TRUTHFULLY. Do not skip any questions.
Review_all questions before signing. Mark an "X" in the box for "YES" or "NO".
Questions answered "YES" need a brief explanation on the attachedsupplemental page.

YES	NO		
		1.	Do you intend to answer each question on this questionnaire truthfully?
		2.	Do you have a current valid Georgia Driver's License?
		3.	Are you 18 years old or older?
		4.	Are you a United States Citizen? If no, can you provide immigration status?
		5.	Have you ever lied?
		6.	Have you ever been the subject of or a party to a criminal investigation?
		7.	Have you ever been arrested either as a juvenile or as an adult?
		8.	Have you ever been party to a civil suit or been named in a lawsuit?
		9.	Have you ever searched for or viewed pornography depicting person(s) under 18 years of age?
		10.	Have you ever used a different name / birthdate other than the one listed on this form?
		11.	Has your driver's license ever been suspended?
		12.	Have you ever been charged with driving under the influence?
		13.	Have you ever entered a plea or been convicted of driving under the influence?
		14.	Have you ever had a DUI reduced to a lesser charge?
		15.	Have you ever attempted to elude the Police?
		16.	Have you ever let your auto insurance expire and driven your vehicle anyway?
		17.	Do you have any outstanding traffic citations at this time?
		18.	Have the police ever been called to your residence?
		19.	Have you ever been arrested for a misdemeanor or felony, including expunged records, juvenile issues and first offender issues?
		20.	Have you ever been convicted of a misdemeanor or a felony?

EXPLAIN ALL INCIDENTS ON ATTACHED FORM

YES	NO		
		21.	Are there any outstanding warrants for your arrest at this time?
		22.	Have you ever worked for a city, county, state, or federal agency?
		23.	Have you ever been fired or terminated from *any* job?
		24.	Have you ever resigned in lieu of termination from *any* job?
		25.	Have you answered all the questions honestly since you began your application process with Marietta Police?
		26.	Do you have any outstanding bills or debt that you do not intend to pay?
		27.	Is there anything in your background that you do not want us to know?
		28.	Have you ever associated with a known convicted felon, including family members?
		29.	Would you lie to get out of trouble or conceal a fact?
		30.	Have you used marijuana in the past 7 years? If so, how many times:_____ Date of most recent use:_____
		31.	Have you ever used any illegal drug other than marijuana? If so, how many times:_____ Date of most recent use:_____ Drug(s) used:_____
		32.	Have you ever used a prescription drug without a prescription? If so, how many times?_____ Date of most recent use?_____ Drug(s) used:_____
		33.	Have you ever left a store without paying for the product you left with? If yes, estimate the value of the most valuable item *ever* taken:_____ List the approximate date of the *most recent* incident:_____
		34.	Have you ever been involved in a domestic dispute which led to violence with anyone in your family, or with any person with whom you have had a relationship?
		35.	Would you lie to get a job?
		36.	Have you ever perjured yourself in a court case, criminal or civil?
		37.	Have you ever taken something from an employer that did not belong to you? If yes, estimate the value of the most valuable item *ever* taken:_____ List the approximate date of the *most recent* incident:_____
		38.	Have you ever pointed a firearm at a person whether loaded or unloaded?
		39.	Have you ever committed any act of vandalism to another's property?
		40.	Have you ever committed an act of cruelty to animals?

EXPLAIN ALL INCIDENTS ON ATTACHED FORM

YES	NO		
		41.	Have you ever lied to keep someone else out of trouble?
		42.	Have you ever taken something of value from a friend or family member without their knowledge? If yes, estimate the value of the most valuable item ever taken:_____ List the approximate date of the *most recent* incident:_____
		43.	Do you now or have you ever had anger management or control of temper issues?
		44.	Are you now associated or have you ever been associated with any gang?
		45.	Do you now associate or have you associated with anyone who used illegal drugs?
		46.	Have you ever visited someone in a county jail, state prison, federal prison, or other detention center?
		47.	Have you ever been rejected for acceptance into a program for: Intern, Citizens' Police Academy, or Volunteer by any police or public safety agency?
		48.	Have you ever had a restraining order or temporary protective order taken against you?
		49.	Do you have any tattoos on any part of your body?
		50.	Have you ever been the subject of any investigation by an employer?
		51.	Have you resigned from any job during an investigation in which you were the subject?
		52.	Do you have an internet page, website, or other service which displays a biography, photos, or other personal information about yourself?
		53.	Have you answered the above questions truthfully?

EXPLAIN ALL INCIDENTS ON ATTACHED FORM

I, _____ do solemnly swear or affirm the answers I gave to the questions on this form are true and correct to the best of my knowledge.

Signed By:_____ Date:_____ Time:_____

Witnessed By: (print):_____

(signed)_____

THIS PAGE IS TO EXPLAIN ANYTHING FROM PREVIOUS PAGES

Name:_____ **Date:**_____

Signature:_____

Witness:_____

MARIETTA POLICE DEPARTMENT

Intern / Volunteer Program(s) / Citizens Academy Application

Date Completed:_____

Intern / Volunteer Name:_____

Phone:_____

Primary Emergency Contact:_____

Phone:_____

Relationship:_____

Secondary Emergency Contact:_____

Phone:_____

Relationship:_____

GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT

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 GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling State and Federal laws, relevant Federal regulatio0ns, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 established criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute established 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 carries maximum sentences of fifteen (15) years in prison and/or fines up to $50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a $5,000.00 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 databases accessible via OIS 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:_____

Reviewed 2013/ Last Revised 2010

Marietta Police Department
Authorization for Release of Personal Records

APPLICANT'S NAME _____

OTHER LEGAL NAMES_____

DATE OF BIRTH_____

SOCIAL SECURITY #_____

RACE _____ SEX_____

I, the undersigned individual, authorize an immediate review of and full disclosure of all records to any authorized agent of the CITY OF MARIETTA POLICE DEPARTMENT, regardless of their public, private, or confidential classification. I fully understand that this information could be used against me in civil and/or criminal proceedings.

The intent of this Authorization for Release of Personal Records is to demonstrate my consent for full and complete disclosure of all records including but not limited to, educational records, financial records, credit records, employment records, medical records, psychological records, military records, pre-employment records, disciplinary records, complaint or grievance records, personal evaluations records, the records of any completed or pending legal actions in which I have been a party, criminal history records, and driver history.

I fully understand that any information obtained by virtue of this Authorization for Release of Personal Records could be utilized, in whole or part, to determine my suitability for employment by the City of Marietta.

I certify that any entity or individual who releases any record consistent with this Authorization for Release of Personal Records shall not be held accountable for releasing any record or records and expressly release any entity or individual from any and all liability which could be incurred as a result of releasing said record or records.

A photocopy of this Authorization for Release of Personal Records shall be valid as the original.

I further acknowledge that this Authorization for Release of Personal Records shall be used in part for the purpose of financial investigation, which includes a *credit check report* of my finances. I understand that this financial investigation shall have a direct impact on my consideration for my employment and that the Director of Personnel Fran Diedrich, will procure this report.

This Authorization for Release of Personal Records shall be valid for the purposes of pre-employment investigation and post-employment periodic verification of continued qualification.

_____ _____

Applicant's Legal Signature Notary Public

_____

Address

_____

City State Zip Code Notary Seal

STATE OF GEORGIA
COBB COUNTY

Waiver of Liability

WHEREAS, the undersigned,_____desires to volunteer with the City of Marietta Police Department in order to assist in areas of need and volunteer their time as needed;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) Agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Marietta, it's officers, directors, employees, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding or volunteering with a member or unit of the City of Marietta Police Department or arising out of any activities in connection with the Volunteer Program, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Marietta;

(b) Agree and warrants that they shall reimburse the City of Marietta for legal fees and other costs incurred in the City of Marietta's defense of such claims of litigation. The City of Marietta shall have the right to participate in the defense of any claims of litigation and shall have the right to approve any settlement;

(c) Agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or stature providing in substance that releases shall not extend to claims, demands, injuries or damages which

are unknown or unsuspected to exist a the time, to the person executing such release, are hereby expressly waived;

(d) Acknowledge that the waiver hereby releases and discharges the City of Marietta, its officers, director, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Volunteer Program with the City of Marietta Police Department. The undersigned further covenants with the City of Marietta that they, their heirs, executors, assigns and transferees, will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Volunteer Program with the City of Marietta Police Department whether such claims arise by the negligence of the City of Marietta, its employees or agents, or by the negligence of any other participant;

(e) Agrees and undersigns that the agreement by the City of Marietta to allow the undersigned to Volunteer with the City of Marietta Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Marietta, and its officers and members.

WITNESS the hand and seal of the undersigned, this _____ day of _____, 20_____.

Undersigned_____
(sign here)

Signed, sealed, sworn to, and subscribed before the undersigned unofficial witness and notary public.

Unofficial Witness_____

Notary Public_____

Commission Date:_____

(seal)

MARIETTA POLICE DEPARTMENT
240 LEMON ST. MARIETTA, GA. 30060
PHONE: 770-794-5334 FAX: 770-794-5301
CHIEF OF POLICE - DAN FLYNN

Georgia Crime Information Center
Criminal History Consent Form

I hereby consent to a fingerprint and criminal history check. I authorize the **MARIETTA POLICE DEPARTMENT** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

This Criminal History consent form must be completed by every applicant prior to their participation in the following programs.

Full Name: **(PRINT) LAST** **FIRST** **MIDDLE** **(MAIDEN)**

ADDRESS **CITY** **STATE** **ZIP CODE**

SEX **RACE** **DATE OF BIRTH** **PLACE OF BIRTH** **SOCIAL SECURITY NUMBER**

SIGNATURE **DATE**

Special provisions (check if applicable):

- ☐ Volunteer **(Purpose code 'J')**
- ☐ Intern **(Purpose code 'J')**
- ☐ Police Athletic League **(Purpose code 'J')**
- ☐ Explorers – (Explorers 18 years or older) **(Purpose code 'J')**

One of the following must be circled:

- ☐ This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

- ☐ GEORGIA RECORD FOUND **(SEE ATTACHED)**
- ☐ NO GEORGIA RECORD FOUND

Do not return completed form to applicant. Forward the completed form to the CRU officer assigned to these programs.

EMPLOYEE SIGNATURE_____ DATE _____

Form – J Volunteers etc.