

MARIETTA POLICE DEPARTMENT
Intern / Volunteer Programs Application

Name

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

Date of Birth: _____

Applicants Address: _____

City: _____ State: _____ Zip: _____

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

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

REASON FOR APPLYING: (CIRCLE ONE) PALS YELLS CRIMINAL JUSTICE INTERNSHIP VOLUNTEER

Applicants Signature: _____ Date: _____

INTERNS FILL OUT THIS SECTION

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Intern advisor approval letter/email received: **YES / NO** (ATTACH TO PACKET)

Instructor/Advisor contact name and number: _____

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 of liability	Completed date: _____	By: _____
GCIC Awareness statement	Completed date: _____	By: _____

Applicant is: **ACCEPTED** or **DENIED** Date: _____ By: _____

Intern / Volunteer Coordinator: _____

CRU Lieutenant or Designee: _____

CRU Major or Designee: _____

MARIETTA POLICE DEPARTMENT
Intern / Volunteer Programs 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? **YES** **NO**

If YES, please explain:

MARIETTA POLICE DEPARTMENT

Intern / Volunteer Programs 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 company name, Supervisor, and phone number:

Job Position	Company	Supervisor	Phone number

YES	NO

- 47. Have you ever been rejected for acceptance into a program for: Intern, Citizen's 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 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?

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) _____

MARIETTA POLICE DEPARTMENT
Intern / Volunteer Programs 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 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 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 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: _____

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 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 records 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 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

Notary Seal

City State Zip Code

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 the 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 statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at 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, directors, 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 _____, 201_.

"Undersigned": _____
(sign here)

Signed, sealed, sworn to,
and subscribed before the
undersigned unofficial wit-
ness and notary public

Unofficial Witness

Notary Public

Commission Date:

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.