

FORSYTH COUNTY SHERIFF'S OFFICE

Community Emergency Response Team

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

FORSYTH COUNTY SHERIFF'S OFFICE

Community Emergency Response Team

How to apply:

1. On cover sheet give your full name and any nickname you wish to be called and your full address.
2. Fill out the application in this packet. Please answer all questions.
3. Please print or type all requested information.
4. Please write as legibly as possible, as we will use this information to contact you in the event of a change in location or time of a class.

IMPORTANT:

Truthful and complete responses to this application are a necessity.

This information will be subject to confirmation by administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application may be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

You are responsible for obtaining your background check and attaching it to this application. This can be done at 107 E. Main Street in downtown Cumming at the office of Special Services across from the Forsyth County Administration Building. The cost is \$15.00

Bring the completed application to 475 Tribble Gap Road, Cumming, Ga 30040; Suite 200 This is the Criminal Investigations Division. You may leave it with the Administrative Assistant at the desk, attention Sergeant Allan Frampton. You may mail the application to the Forsyth County Sheriff's Office, Attn: Sergeant Allan Frampton, 475 Tribble Gap Road, Cumming, GA 30040. He can be contacted via phone (678-513-5982) or email (ajframpton@forsythco.com) if you have further questions.

*Thank you for your interest in this very informative and fun program
that we are proud to be able to offer.*

FORSYTH COUNTY SHERIFF'S OFFICE
Community Emergency Response Team

APPLICATION

Name: _____ **Date of Birth:** _____
LAST FIRST MI

Name you would like to be called: _____ **Sex:** _____

Address: _____
Number/Street City/State/Zip

Telephone: (____) _____ - _____ (____) _____ - _____
HOME - WORK - CELL HOME - WORK - CELL

Personal: **Hgt:** _____ **Wgt:** _____ **Hair:** _____ **Eyes:** _____

Employer: _____ **Phone:** (____) _____ - _____

Emergency Contact: _____
Name Phone# City/State

Email Address: _____

How long have you lived in Forsyth County? _____

Have you ever been arrested for any offense other than traffic? Yes No

If yes, what for: _____ **When:** _____ **Where:** _____

How did you hear about the Academy: _____

What do you expect to gain from the Academy: _____

Note: Your submission of this application implies that you will be able to attend each class for the entire 6 weeks plus the Practical Exercise. The class size is limited to 25 people; therefore, your attendance is expected. Applicants will be accepted into the class on a first come, first served basis.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. The Forsyth County Sheriff's Office is hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Community Emergency Response Team. I understand that false or misleading information given in this application may result in disqualification from the Academy.

Applicant Signature

Date

STATE OF GEORGIA

COUNTY OF FORSYTH

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of Forsyth desire to participate in the Citizens Police Academy; and

WHEREAS, the Forsyth County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Citizen Police Academy.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 2009.

Signature

Notary Public

My Commission Expires: _____
(SEAL)

