

# **FORSYTH COUNTY SHERIFF'S OFFICE**

## **Community Emergency Response Team**

*APPLICATION*

*FOR*

*ENROLLMENT*



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**Applicant's Name**

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**Address**

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**City, State, and Zip Code**

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**Date of Application**

# **FORSYTH COUNTY SHERIFF'S OFFICE**

## **Community Emergency Response Team**

### How to apply:

1. On cover sheet give the name you wish to be called and your full address.
2. Fill out the application in this packet. Please complete the entire application.
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:**

True and complete responses to this application are a necessity. **A copy of your driver's license is required to verify information for your background check.**

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 will 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.

Please bring the completed application to the Sheriff's Office North Precinct located at 2310 Keith Bridge Road, Cumming, Ga 30040 during normal business hours. You may leave it with the Administrative Assistant at the desk, attention Sgt. Pete Sabella. You may also email the completed application to Sgt. Pete Sabella at [pjsabella@forsythco.com](mailto:pjsabella@forsythco.com)

For additional questions contact Sgt. Pete Sabella at 678-780-1524 or email at [pjsabella@forsythco.com](mailto:pjsabella@forsythco.com)

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



**COVENANT NOT TO SUE**

WHEREAS, certain Citizens and persons having business interests in the County of Forsyth desire to participate in the Community Emergency Response Team; 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 Community Emergency Response Team.

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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
**(SEAL)**

# **Forsyth County Sheriff's Office**

## **Community Emergency Response Team**

### **PHOTOGRAPH AND VIDEO RELEASE**

I grant to the Forsyth County Sheriff's Office, its representatives and employees the right to take photographs of me and my property in connection with my involvement with the Community Emergency Response Team. I authorize the Forsyth County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Forsyth County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**FORSYTH COUNTY SHERIFF'S OFFICE**  
**Community Emergency Response Team**

**Background Check Consent Form**

I hereby request the Forsyth County Sheriff's Office to receive any Criminal History Record information which may pertain to myself (or the person named below) and may be found in any state or local criminal justice agency in Georgia.

Records obtained from Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. Forsyth County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED. This request is in accordance to state law as it applies to:

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Mid Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name of requesting person (if not applicant)**

\_\_\_\_\_  
**Notary (Not the same as the person requesting)**

\_\_\_\_\_  
**Signature of requesting person (if not applicant)**