

**FORSYTH COUNTY SHERIFF'S OFFICE
CITIZENS' LAW ENFORCEMENT ACADEMY**

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

Forsyth County Sheriff's Office

CITIZENS' LAW ENFORCEMENT ACADEMY

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, including the consent for background check. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.
5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Truthful 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.

*****The Covenant Not to Sue MUST BE NOTORIZED*****

On the Name-Based Criminal History Record Information Consent/Inquiry Form, please fill out the yellow highlighted area ONLY.

This information will be subject to confirmation by administrative investigation.

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.

The completed application should be mailed to the Forsyth County Sheriff's Office, Attn: Sgt. Jenny Belafi, Community Relations Unit, 100 East Courthouse Square., Cumming, GA 30040. The completed application can also be dropped off at the above address.

For additional information please contact (678-513-5880) or email (SOCOMMRELATIONS@forsythco.com)

***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

CITIZENS' LAW ENFORCEMENT ACADEMY

APPLICATION

Name: _____ Date of Birth: _____
LAST FIRST MI

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

Address: _____
Number/Street City/State/Zip

Telephone: Home : () - _____

Other: () - _____

Email Address: _____

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

Please circle your *Shirt Size (men's sizes)*: S M L XL XL

Employer: _____ Phone: () - _____

Emergency Contact: _____
Name Phone # City/State

How long have you lived in Forsyth County? _____

Have you previously attended any other class or program hosted or sponsored by the Forsyth County Sheriff's Office (i.e. CERT, SALT, etc.)? YES NO

If so, please list: _____

Do you know anyone who works for the Forsyth County Sheriff's Office or who has attended the Citizens Law Enforcement Academy in the past? YES NO

If YES, Name & Phone number of person: _____

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: _____ When: _____

Where: _____



FORSYTH COUNTY SHERIFF'S OFFICE

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION/INQUIRY FORM

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Forsyth County Sheriff's Office in Cumming, GA to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 30 days from date of signature.

I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	M – Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	P – Public Records (no consent required)
<input type="checkbox"/>	F – Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U – Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____

Forsyth County Sheriff's Office
CITIZENS' LAW ENFORCEMENT ACADEMY

*****THIS PAGE MUST BE NOTARIZED*****

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 Law Enforcement 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 Citizens Law Enforcement 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 _____, 20_____.

Printed Name

Signature

Notary Public

My Commission Expires: _____
(SEAL)

Forsyth County Sheriff's Office

CITIZENS' LAW ENFORCEMENT ACADEMY

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 \$5000.00 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 data bases 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: _____

Witnessed: _____ Date: _____

Forsyth County Sheriff's Office

CITIZENS' LAW ENFORCEMENT ACADEMY

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 Citizens' Law Enforcement Academy. 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 Board of Commissioners and Forsyth County Sheriff's Office – WAIVER OF LIABILITY

The following contains a waiver of certain important legal rights. **PLEASE READ CAREFULLY.**

1) It is my desire to use the firing range or participate in activities or conduct other business at the firing range at **Forsyth County Sheriff's Office Firearms Range, located at 9470 Old Federal Road, Ball Ground, GA.**

2) I understand the risks and hazards involved, and I recognize serious and potentially life-threatening injuries and even death can occur while firing a firearm on my own or while participating with others in an organized event or by simply being a spectator at the range. I knowingly and willingly acknowledge that, by using the firing range or by otherwise participating in an event at the firing range, I am assuming the risk of loss to my person or property.

3) I understand it is my responsibility to consult a physician prior to and regarding my activities at the range. I represent that I am physically fit and I have no medical (including but not limited to being under the influence of alcohol or drugs), psychological, legal, or other condition which would prevent my participation at the range or which would in any way place at risk my well-being or the well-being of others. I further represent that I am under no form of restraint or ban against the possession or use of a firearm, including any domestic violence restraining order, and that I am free to own, possess or handle firearms under the laws of the United States of America and the State of Georgia.

Should I lose the right to own or possess a firearm under any law or ordinance after executing this waiver, I will advise Forsyth County Sheriff's Office of such fact immediately and withdraw myself from any and all Sheriff's Office sponsored activities and activities at the range which would involve or require my possessing, firing, or handling any firearm, unless and until I can present reasonable evidence (as determined by Forsyth County Sheriff's Office) that such ban has been lifted.

I understand that pregnant women and women who believe they are pregnant are not permitted in the range area. It is my responsibility to refrain from using the range while I am pregnant, and not expect Forsyth County agents or representatives to identify when a participant is or may be pregnant.

4) In consideration of being permitted to use the firing range and/or participate in the activities and/or programs at the firing range, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, of any kind and nature, which I may incur as a result of participating at the range, and further knowingly, voluntarily, expressly and without reservation waive any and all claims I, my heirs, executors, legal representatives, administrators or assigns (or any other person claiming or who may claim under me) may have against Forsyth County and Forsyth County Sheriff's Office, its agents, officers, directors, shareholders, employees, instructors, landlord/land owner, volunteers, or representatives for any and all injuries or damages that I may sustain as a result of participating in the range activities.

Further, I, my heirs, executors, legal representatives, administrators or assigns (or any other person claiming or who may claim under me) forever release, waive, discharge, hold harmless, and covenant not to sue Forsyth County Board of Commissioners and Forsyth County Sheriff's Office, its agents, officers, directors, shareholders, employees, instructors, landlord/land owner, volunteers, or representatives for injuries, including death, or other damages that I may sustain as a result of participating in the range activities including but not limited to those caused by negligence or the acts of others including but not limited to those acts and/or omissions of other participants or persons at the firing range/place of business.

5) I realize the conduct for which I am releasing those parties listed above may arise from the negligence or carelessness of those vary parties being released, including injuries suffered because of defective equipment or property owned, maintained, or controlled by them or others on the premises at the time. Nevertheless, I understand that I am not releasing those persons or entities here in for intentional misconduct or injury based by them.

6) I hereby consent to receive medical treatment, which may be deemed or appear reasonable advisable in the event of injury, accident, or illness during the activities at the firing range, whether provided by agents, employees or volunteers of Forsyth County Sheriff's Office or such other personnel that may respond to any such emergency.

7) I have read and understand Forsyth County Sheriff's Office Range Rules and any addendums to these rules which are posted at 9470 Old Federal Road, Ball Ground GA. and agree to strictly adhere to the regulations and requirements set forth therein. Additionally, I understand that a copy of the Rules are available to me upon request. If I have any questions pertaining to the proper use of the range, the rules, the safe use of any firearm, or any other safety issue, I will discuss my question or concern with an employee of Forsyth County Sheriff's Office before using the range or firearm.

8) I understand and agree that it is my responsibility to have a functional, operational knowledge of each firearm which I bring into Forsyth County Sheriff's Office Range and/or any other firearm which I may use or be in control of while in county property and that I am familiar with general firearm safety and handling procedures. I certify every firearm and ammunition that I bring into the range is in proper working order and that Forsyth County Sheriff's Office is not responsible for inspection my firearm, ammunition feeding device (magazine) or ammunition to ensure that it is working properly. Nevertheless, Forsyth County Sheriff's Office reserves the right to inspect any firearm, ammunition, or ammunition feeding device for safety purposes. Further, I understand that no exotic or substandard ammunition is permitted in the range (including but not limited to explosive, armor piercing, or incendiary rounds).

9) This release shall remain in full force and effect with no expiration for time or other reason. If at any time I specifically refuse to abide by the conditions of this waiver, for any reason, I must advise Forsyth County Sheriff's Office of my secession and agree that I will not use the facilities at Forsyth County Sheriff's Office Range until such time as I have once again executed a waiver acceptable to Forsyth County Sheriff's Office.

10) I further agree that I will not bring into the firing range any person under the age of eighteen (18) years of age and in no event will I bring any minor into the range unless I am authorized under law to waive any and all rights including rights to make any claim of liability for personal injury, death, or other possible damages or losses for and on that person's behalf (that is a parent, legal guardian, or written and signed permission from same).

I further agree to assume full responsibility for any and all risks, injuries, death, or damages, known or unknown, of any nature, caused by them or which they might otherwise incur as a result of participating at the firing range and will indemnify Forsyth County Board of Commissioners and Forsyth County Sheriff's Office and the property owner/landlord and its agents from any liability arising therefrom, and further knowingly, voluntarily, expressly and without reservation waive any and all claims they may have against Forsyth County Board of Commissioners and Forsyth County Sheriff's Office, its agents, officers, directors, shareholder, employees, instructors, landlord, landowner, volunteers, or representatives for any and all injuries, death, or damages that they may sustain as a result of participating in range activities. Any person(s) for whom I am acknowledging such responsibility and waiver are listed with me upon entering the range.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 20_____.

Printed Name

Signature