



# **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, 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:**

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.

Bring the completed application to Sergeant Allan Frampton with Community Relations at 201 East Maple Street ( The CID Building across from the parking deck). If you have any questions, please call me at 678-513-5982.

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



**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 Community Emergency Response Team; and

WHEREAS, the Forsyth County Sheriff's Office / Community Emergency Response Team 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

## 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 REQUIRED.** This request is in accordance to state law as it applies to:

Today's Date: \_\_\_\_\_ **PRINT**

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Firearms License (Renewal: license # & county): \_\_\_\_\_ New: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_ DL#: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wght: \_\_\_\_\_

Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Requesting person (if not applicant)

\_\_\_\_\_  
Notary