



R.L. (Butch) Conway, Sheriff

Gwinnett County Sheriff's Department

2900 University Parkway
Lawrenceville, GA 30043
(770) 619-6500 Fax (770) 619-6476

Mike Boyd
Chief Deputy
Don Pinkard
Jail Administrator

Date of Application _____

Detention Center Application Form - H&I Volunteer Form

Two ways to submit application:

- 1) EMAIL all four pages to John P (our Coordinator for Gwinnett County) at johnapayne@bellsouth.net or
 - 2) FAX to Dep. Jacob Baird at 770-619-6475 (mention his name). Then email John or call Vic (770-608-0404) when it has been sent.
- ** Remember: Attach a photocopy of a photo ID to application ****

Personal Information:

Last Name _____ First _____ Middle Initial _____ Sex _____ Race _____ Date of Birth _____
 Street Address _____ City _____ Zip Code _____
 Social Security Number _____ Drivers License Number _____ State _____
 Home Phone Number _____ Mobile Phone Number _____

Work Information (voluntary disclosure):

Employer _____ Phone Number _____
 Address _____ State _____ Zip Code _____

ATTACH A PHOTOCOPY OF YOUR PHOTO ID:

ANY DOCUMENTS REQUIRED BUT NOT ATTACHED WILL DELAY THE APPLICATION PROCESS

Why are you interested in becoming a Detention Center Volunteer?

ANSWER: Because I want to participate in Narcotics Anonymous' program to reach inmates with a message of hope. That program has already explained the basics to me of what to expect.

Briefly describe your NA or volunteer experience. _____

Detention Center Application Form - HSI Volunteer, Continued

 Last Name First Middle Initial Sex Race Date of Birth

Have you ever been convicted of a criminal offense? YES _____ NO _____

If yes, please explain briefly _____

REFERENCES: List at least two to three persons, other than relatives, who you know personally – perhaps professionally. Others may include friends, co-workers, instructors, pastor, etc. Let the person know we will be contacting them. (Do not put your anonymity or employment at risk!)

NAME	TELEPHONE NUMBER	RELATIONSHIP	DEPARTMENTAL USE ONLY

 This section is to be completed by Staff Member

Criminal History Checked by: _____ SO# _____

Comments: _____

Rules & Regulation received: _____ Date: _____

Rules & Regulation issued by: _____ Date: _____

Identification Card issued by: _____ Date: _____

Identification Card returned to: _____ Date: _____



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Waiver of Liability and Consent to Records Check

R.L. (Butch) Conway, Sheriff _____

_____		_____		_____	
Last Name (print)	First Name	Middle Name			
_____		_____		_____	
Street Address		City	State	Zip Code	
_____	_____	_____	_____	_____	
Sex	Race	Date of Birth	Social Security Number		
_____	_____	_____	_____		
_____		_____	_____	_____	
Drivers License Number		State	Issue Date	Expiration Date	

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against the Gwinnett County Board of Commissioners, Sheriff, Sheriff's Department and or the Detention Division, their personnel, employees, staff, or agents because of, as a result of, or in connection with the duties, responsibilities, and work I will undertake.

In making this application, I hereby authorize the Gwinnett County Sheriff's Department to receive and make inquiries with law enforcement records as may be deemed necessary. I further authorize the Gwinnett County Sheriff's Department to receive any criminal and/or driver's history information, at any time, pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Staff Member	Date
_____	_____
SO#	

Comments / Notes Regarding Background Check: _____

_____	_____
Signature of Staff Member Completing Background Check	Date
_____	_____
SO#	