**Gwinnett County**

**Sheriff’s Office**



***Mike Boyd***

***Chief Deputy***

***Lou Solis***

***Chief Deputy***

***Don Pinkard***

***Jail Administrator***

2900 University Parkway

(770) 619-6500 Fax (770) 822-3115

Lawrenceville, GA 30043

***R.L. (Butch) Conway, Sheriff***

**GWINNETT COUNTY JAIL VOLUNTEER APPLICATION**

**Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narcotics Anonymous Detention Center Application Package**

**Two ways to submit this application: (Make sure to INCLUDE Photo copy of State identification front and back)**

1. **Email all 8 pages to H and I Chair at** [**handi@eeascna.org**](mailto:handi@eeascna.org)
2. **Email to Deputy Jacob Baird at** [**jacob.baird@gwinnettcounty.com**](mailto:jacob.baird@gwinnettcounty.com)

**Then email** [**handi@eeascna.org**](mailto:handi@eeascna.org) **with confirmation and call or text Yvonne J. (678)531-7557**

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| --- | --- |
| **Personal Information:** | **PLEASE PRINT ALL INFORMATION** |

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**Last Name First Name Middle Name**

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**Street Address City State Zip Code**

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**Home Phone Number Mobile Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex Race Date of Birth Social Security Number**

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**Drivers License Number State Issue Date Expiration Date**

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| **Work Information:** |  |

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**Employer Phone Number**

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**Street Address City State Zip Code**

**ATTACH THE FOLLOWING ITEMS TO THE APPLIACATION UPON SUBMISSION:**

**Photocopy of a Picture Identification Card - All Professional Credentials - All Educations Degrees**

**ANY DOCUMENTS REQUIRED BUT NOT ATTACHED WILL DELAY THE APPLICATION PROCESS**

**GWINNETT COUNTY JAIL VOLUNTEER APPLICATION**

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**Last Name First Name Middle Name**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex Race Date of Birth**

**Why are you interested in becoming a Jail Volunteer?   
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**What are your qualifications?**

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**If church volunteer, what church are you affiliated with?**

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**Have you ever been convicted of a criminal offense? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**

**If yes, please explain briefly:**

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**REFERENCES:**

**List at least two persons, other than relatives, who you know personally. If you are employed, one should be your current employer / supervisor. Others may include friends, co-workers, instructors, pastor, etc. Provide a letter of reference or let the person know we will be contacting them.**

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| **Name** | **Phone Number** | **Relationship** | **Departmental Use Only** |
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