PS OF R

Gwinnett County Sheriff's Office

R.L. (Butch) Conway, Sheriff

2900 University Parkway (770) 619-6500 Fax (770) 822-3115 Lawrenceville, GA 30043 Bill Walsh Chief Deputy/Administration Lou Solis Chief Deputy/Operations Don Pinkard Jail Administrator

GWINNETT COUNTY JAIL VOLUNTEER APPLICATION

Date of Application ___

Personal Information:		PLEASE PRINT ALL INFORMATION					
Last Name		First Name		Middle Name			
	Street Address		City	State	Zip Code		
	Home Phone Number		Mobile Number				
Email Add	dress						
Sex	Race	Date of Birth		Social Sec	curity Number		
Drivers License Number		State	Issue Date		Expiration Date		
Work Information:		PLEASE PRINT ALL INFORMATION					
Employer				Phone Number			
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

Last Name			First Name			Middle Name	
Sex	Race	Date of Birth					
Why are	you interested in bec	oming a Jail Volunteer?					
What are	your qualifications?						
If church	volunteer, what chu	rch are you affiliated wit	th?				
=	ever been convicted ase explain briefly:	of a criminal offense?	YES	NO			
current e	ast two persons, othe mployer / supervisor	r than relatives, who yo . Others may include from we will be contacting	iends, co-worker	-		=	
	Name	Ph	one Number	Relation	ship	Departmental Use Only	