



Cobb County
Department of Public Safety Training Center
Cobb County Animal Services Volunteer
Application

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

E-mail address _____

Previous street address (if within last five years): _____

Previous City _____ State _____ Zip _____

Driver's License Number _____ State _____

Occupation _____

Employer Name _____

Employer Street Address _____

Employer City: _____ State: _____ Zip: _____

How long have you lived in Cobb County? _____

Have you ever been arrested for any felony offense? Yes _____ No _____

If yes, for what? _____ When? _____ Where? _____

How did you hear about the CCAS volunteer program? _____

Will you be able to attend volunteer training? Yes _____ No _____

Have you participated in the Cobb County Animal Services Volunteer Program? Yes ___
No ___ If yes, when? _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Cobb County Department of Public Safety Internal Affairs Unit is authorized to make any investigation of my personal history deemed necessary for consideration to be a volunteer at Cobb County Animal Services.

Signature _____ Date _____

For Official Use Only

Information verified by _____ Date _____

Other _____

Cobb County Department of Public Safety
Internal Affairs
Authorization for Release of Information For
Intern, CPSA & Animal Services Volunteer Program

To Whom It May Concern: I am an applicant for a position with Cobb County Department of Public Safety. The department needs to thoroughly investigate my criminal history, driver's history, and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal history be disclosed to the above department. I hereby authorize any representative of the Cobb County Department of Public Safety bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cobb County Department of Public Safety, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Cobb County Department of Public Safety to consider in determining my suitability for placement and/or training in one of the following programs: Internship, Citizens Public Safety Academy – CPSA and/or Animal Services Volunteer Program. It is my specific intent to provide access to all information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, including but not limited to my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, your organizations, and all others from liability or damages that might result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of Cobb County Department of Public Safety regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Cobb County Department of Public Safety, acceptance and processing of my application for placement and/or training in one of the following programs: Internship, Citizens Public Safety Academy – CPSA and/or Animal Services Volunteer, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for Intern, CPSA and/or Animal Services Volunteer or in any way connected with the decision whether or not to accept me into the program of Intern, CPSA and/or Animal Services Volunteer. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Cobb County Department of Public Safety in conjunction with assignment to the programs of Intern, CPSA, and/or Animal Services Volunteer, a photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of the form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this _____ day of _____ 20_____.

Applicant Signature: _____/Print Name: _____

Notary Public Date Seal



Cobb County Department of Public Safety

Internal Affairs Unit
100 Cherokee Street, Suite 140
Marietta, GA 30090-9682

Major Mike Dempsey

CRIMINAL & DRIVER'S HISTORY CONSENT FORM

Intern / CPSA / Animal Services Volunteer Program

1. Criminal History Checks & Driver's History Checks

a. All applicants who are participating in a public safety selection process for placement or training in the programs of: Internship, Citizen's Public Safety Academy – CPSA and/or Animal Services Volunteer Program shall complete a release form authorizing the Cobb County Public Safety Agency and the Cobb County Sheriff's Office and their employees to conduct a criminal history check on them and to release such information to the Cobb County Program Managers / Coordinators of the programs of Intern, CPSA and/or Animal Services Volunteer. The information gathered by the criminal history check will not be disseminated publicly, and those individuals charged with performing the checks are, themselves, subject to background checks.

I hereby authorize the Cobb County Department of Public Safety to receive any criminal history and driver's history information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

I understand the criminal & driver's history reports will be gathered consistent with the GCIC rules.

FULL NAME _____

SSN _____

RACE _____

DOB _____

SEX _____

SIGNATURE _____

Internal Affairs Representative

ID

Date

A CHECK OF STATE AND LOCAL CRIMINAL HISTORY FILES UTILIZING GCIC/NCIC ACCESS REVEALED:

NO RECORD FOUND _____ SEE ATTACHED MEMO _____

**COBB COUNTY DEPARTMENT OF PUBLIC SAFETY
INTERNAL AFFAIRS**

INFORMATION CHANGE/REPORTING AGREEMENT

INTERN / CPSA / ANIMAL SERVICES VOLUNTEER PROGRAM

I acknowledge having submitted information to the Department of Public Safety. This has been done in a verbal and/or written manner. I realize this information is being used to determine if I meet hiring standards and criteria of the agency and the job task I have applied for.

By signing below I do hereby agree to notify any duly authorized agent of the Cobb County Department of Public Safety Internal Affairs and the coordinator of my particular assigned program (Internship, Citizen's Public Safety Academy - CPSA & Animal Services Volunteer Program) of any changes regarding the information I have provided. This notification would include but not be limited to arrests, traffic citations, criminal litigation, drug use, or other information of pertinence to the background investigation. I realize failure to report such information to the hiring agency could affect my status as an intern, CPSA member and/or Animal Services Volunteer. Additionally, if accepted into one or more of these two programs, failure to disclose pertinent information during the background investigation process could result in the termination of my status in one or more of these three aforementioned programs. The reporting of such information can be done in person, via telephone, or in writing.

Signed this _____ day of _____, 20____

Applicant Signature: _____

Notary Public

Date

Seal



Cobb County Department of Public Safety

Internal Affairs Unit
100 Cherokee Street, Suite 140
Marietta, GA 30090-9682

Major Mike Dempsey

Citizen's Public Safety Academy - Applicant

Intern – Applicant

Animal Services Volunteer – Applicant

Photocopy of Georgia Drivers License (if not licensed – copy of state issued ID card)

Photocopy of Social Security Card