



**Cobb County Sheriff's Office
Volunteer In Partnership Program Application**

1. Legal name: _____

Last
First
Middle
2. Other names used: _____

(Maiden name, Nicknames, Etc.)
3. Name you prefer to be called: _____
4. Date of birth: _____ Place of birth: _____
5. Social Security#: _____ Age: __ Race: __ Sex: __
6. Current driver's license number: _____
 State: _____ Expiration Date: _____
7. Married: yes no Spouse's Name: _____
8. Home address: _____

Number and Street

City
State
Zip Code
9. Mailing Address if different: _____

10. Phone numbers: Home: _____ Cell: _____
11. Email Address: _____
12. Previous Address: _____

Number and Street

City
State
Zip Code
13. List two personal references who have personal knowledge of you. (Do not list relatives or former employers.)

Name:	
Street Address:	
City/State/Zip:	
Phone Number:	

Name:	
Street Address:	
City/State/Zip:	
Phone Number:	

14. Are you a high school graduate? yes no College Graduate? yes no

15. If not a high school graduate, do you have a GED? yes no
16. Have you ever been fired or asked to resign from any place of employment? yes no If yes, please explain: _____

17. Are you Retired: yes no

18. Most Recent Employment:

Name of employer: _____ Phone#: _____
Address: _____
Dates of employment: From _____ To _____
Job title: _____ Job Skills: _____

19. Previous Employment:

Name of employer: _____ Phone#: _____
Address: _____
Dates of employment: From _____ To _____
Job title: _____ Job Skills: _____

20. Have you ever been detained, arrested or convicted for any criminal offense? yes no If yes, explain:

Date	Charge/Offense	City/County/State	Disposition

21. Do you know or are you related to any person who is employed by the Cobb County Sheriff's Office? Yes No

If yes, list name and relation:

Name	Relation	Agency

22. List any previous volunteer work:

Volunteer Work	Contact Name	Phone #

23. How did you learn about the V.I.P. program: _____



Cobb County Sheriff's Office

~V.I.P. Program Criminal History Consent Form~

I hereby authorize the Cobb County Sheriff's Office to request and receive criminal history information pertaining to me from the files of the Georgia Criminal Information Center (GCIC), the Federal Bureau of Information (FBI), and/or any other state holding criminal history information. This criminal history should reflect any reportable offenses from all local, state and federal criminal justice agencies.

I understand that this criminal history inquiry is being conducted for the purpose of qualifying me to participate as a Volunteer for the Cobb County Sheriff's Office. As part of this consent and in compliance with established rules, I hereby give consent to the Cobb County Sheriff's Office to perform periodic criminal history background checks for the duration of my participation in the V.I.P. Program.

Full Name (Print)

Maiden name or other names used

Address

City

State

Zip Code

Social Security Number

Race / Sex

Date of Birth

Place of Birth

Height

Weight

Eye color

Hair color

Signature of applicant

Sworn to and subscribed before me on

this _____ day of _____ 20_____.

Notary Public

My Commission expires