

FORSYTH COUNTY

Community Emergency Response Team

Application for Enrollment



Program Sponsored By:



Program Partners:



Applicant Name

Application Date

FORSYTH COUNTY SHERIFF'S OFFICE

Community Emergency Response Team

How to apply:

1. On cover sheet give the name you wish to be called and your full address.
2. Fill out the application in this packet. Please complete the entire application.
3. Please print or type all requested information.
4. Please write as legibly as possible, as we will use this information to contact you in the event of a change in location or time of a class.

IMPORTANT:

True and complete responses to this application are a necessity.

This information will be subject to confirmation by administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated. Please contact Cpl. Pete Sabella with any questions.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

You are responsible for obtaining your background check and attaching it to this application before turning it in. This can be done at the Ordinance & Permits Office located at Sheriff's Headquarters - 100 East Courthouse Square, Cumming, GA. The cost is for the background check is \$15.00.

Bring the completed application to 100 East Courthouse Square, Cumming, Ga 30040. You may leave it with the Receptionist at the front desk, attention Cpl. Pete Sabella.

You may also mail the application to:
Forsyth County Sheriff's Office
Attn: Cpl. Pete Sabella
100 East Courthouse Square
Cumming, GA 30040

For more information, contact Cpl. Pete Sabella at 678-513-5981, or email at pjsabella@forsythco.com

Thank you for your interest in this very informative and fun program that we are proud to offer.

FORSYTH COUNTY SHERIFF'S OFFICE
Community Emergency Response Team
Training Completed

Check the box next to any class that you have previously completed

CERT Basic Training Class

CERT Level 2 Required Training

FEMA IS-100

FEMA IS-200

FEMA IS-700

FEMA IS-244

CERT Level 3 Required Training

FEMA IS-26

FEMA IS-230

FEMA IS-241

FEMA IS-242

FEMA IS-775

FEMA IS-800

FEMA IS-805

GEMA Infection Control Class

Attach all certificates for completed classes above

STATE OF GEORGIA

COUNTY OF FORSYTH

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of Forsyth desire to participate in the Community Emergency Response Team; and

WHEREAS, the Forsyth County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Community Emergency Response Team.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 20__.

Signature

Notary Public

My Commission Expires: _____

(SEAL)

FORSYTH COUNTY SHERIFF'S OFFICE
Community Emergency Response Team

Background Check Consent Form

I hereby authorize the Forsyth County Sheriff's Office to receive any Criminal History Record information pertaining to me which may be found in any state or local criminal justice agency in Georgia. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

Records obtained from the Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. I understand that any information obtained will be considered in determining my enrollment in the Citizens' Law Enforcement Academy. Any entity or persons who furnish information concerning me shall not be held accountable or liable for giving such information. Forsyth County shall not be held responsible for the information obtained by another agency, State or Federal, which provided such information and whose files reflect records which may contain errors or omissions. **TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.**

Today's Date: _____

Full Name: _____

Address: _____

Employer: _____

Telephone: _____ SSN# _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Driver's License Number: _____ Issuing State: _____

Please attach a copy of your driver's license for verification

Applicant Signature