

## BACKGROUND CHECK FORM INSTRUCTIONS

To submit this form, please:

Via email, send to:

[GC-PoliceVolunteers@gwinnettcountry.com](mailto:GC-PoliceVolunteers@gwinnettcountry.com) with the subject line MRC Volunteer

Or:

Via Fax:

770-513-5126

Or:

Via mail:

Volunteer Coordinator, P O Box 602, Lawrenceville, GA 30046

Before you return the form, please be aware you will be rejected if you meet any of the following conditions:

- Any open cases not yet adjudicated
- Crimes against Law Enforcement
- Felony Convictions
- Major Drug Use (Felony)
- Marijuana use within the last three (3) years
- Failure to disclose prior arrests of any kind
- Under 18 years of age

Also, note that you will not be accepted if you are joining MRC GEM to perform community service that is any way connected with court proceedings.

**Do NOT give this form to MRC personnel – it contains confidential personal information that is not needed by MRC.**

**GWINNETT COUNTY POLICE DEPARTMENT**

770 Hi-Hope Road  
Lawrenceville, GA 30043

**VOLUNTEER PROGRAM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Gwinnett County Police Department to obtain and/or receive any criminal history and/or driving history records/information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in Georgia, any other state or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

**CRIMINAL HISTORY RECORD  
DRIVER HISTORY RECORD**

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Police Department in determining my suitability to volunteer in the department.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding that it is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this authorization. Should there be any questions as to the validity of this release you may contact me as indicated below.

Name \_\_\_\_\_  
Please Print Full Name Signature Date Signed

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Complete Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Race \_\_\_\_\_ Sex M  F  Date of Birth: \_\_\_\_\_

**GWINNETT COUNTY POLICE DEPARTMENT**  
**OFFICE OF PROFESSIONAL STANDARDS - BACKGROUND INVESTIGATIONS UNIT**  
**GCIC/NCIC HISTORY REQUEST WORKSHEET**

PLEASE PRINT LEGIBLY

OCA#/ARN: \_\_\_\_\_ DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ (NO INITIALS UNLESS THE INITIAL IS YOUR NAME)

CURRENT ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

\_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

RACE \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

CLASS OF DRIVER'S LICENSE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

**LIST ANY OTHER NAMES YOU HAVE USED OR GONE BY. LIST EACH ONE WITH BOTH A FIRST AND LAST NAME  
 FOLLOWED BY AN EXPLANATION IN PARENTHESIS  
 (ALIAS, MAIDEN NAME, NICKNAME, PREVIOUS MARRIAGE, ADOPTED NAME, ETC.)**

\_\_\_\_\_ ( ) \_\_\_\_\_  
 NAME EXPLANATION

\_\_\_\_\_ ( ) \_\_\_\_\_  
 NAME EXPLANATION

\_\_\_\_\_ ( ) \_\_\_\_\_  
 NAME EXPLANATION

\_\_\_\_\_ ( ) \_\_\_\_\_  
 NAME EXPLANATION

\_\_\_\_\_ ( ) \_\_\_\_\_  
 NAME EXPLANATION

**IN THE TABLE BELOW, LIST ALL OF THE STATES AND COUNTRIES WHERE YOU HAVE EVER HAD A DRIVER'S LICENSE:**

STATE	YEAR	COUNTRY	YEAR