



Roswell Police Department Internship Application



Thank you for your interest in the Roswell Police Department's College Internship Program. First and foremost, this program is conducted based on the availability of the department's employees to supervise and assist with the education of the intern. Application into this program does not guarantee acceptance. Each semester, the Roswell Police Department (RPD) can only accept a maximum of 2 interns into the program. Due to this restriction, the ability to intern with RPD is extremely competitive.

In order to intern with RPD, a prospective applicant must successfully complete the following objectives:

- Internship Application Packet
- Criminal History Background Investigation
- Behavioral Interview Panel
- Polygraph Interview
- Drug & Alcohol Screening

NOTE: Successful completion of all tasks does not guarantee a final offer of internship from the Chief of Police.

Upon acceptance into the Internship Program, the intern will be allowed access to the police department and its individual units. The intern will be given a calendar, developed by the Internship Coordinator that will enable the intern to experience all facets of the police department, while achieving the required number of credit hours, to include:

- Records & Administration
- Court Services
- Property & Evidence
- Division of Emergency Communications
- Uniform Patrol Division
- Traffic Enforcement Unit
- Criminal Investigations Division
- Crime Scene Unit
- Office of Professional Standards
- Community Relations Unit

Disclaimer: The Roswell Police Department is a full-service police department providing services to the City of Roswell and the City of Mountain Park. While police work is typically an administrative function, there is an inherent risk that an intern will be exposed to an act of aggression or violence while conducting a ride-along. Interns will be issued a protective vest as a safeguard and the supervising Officer will take steps to remove interns from potentially dangerous situations when possible, however this is not guaranteed. Before proceeding, please sign and date below, acknowledging the above-mentioned disclaimer.

Applicant's Signature

Date



Roswell Police Department Internship Application



Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Date of Birth: _____ SSN: _____ DL Number / State: _____

College or University: _____

College or University Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____

Professor/Instructor Name and Contact Number: _____

Earliest Start Date: _____ Latest End Date: _____ Total Number of Hours Req'd: _____

Applicant's Signature: _____ Date: _____

Department Use Only

| | COMPLETED | DEPARTMENT SIGNATURE |
|------------------------------------|--------------------------|----------------------|
| Background Packet | <input type="checkbox"/> | _____ |
| Emergency Contact Information: | <input type="checkbox"/> | _____ |
| GCIC Awareness Statement: | <input type="checkbox"/> | _____ |
| Photocopy of Driver's License: | <input type="checkbox"/> | _____ |
| Release of all Claims: | <input type="checkbox"/> | _____ |
| Letter of Intention: | <input type="checkbox"/> | _____ |
| Advisor Letter of Approval: | <input type="checkbox"/> | _____ |
| Consent to Criminal History: | <input type="checkbox"/> | _____ |
| Consent to Release of Information: | <input type="checkbox"/> | _____ |

APPLICANT IS: APPROVED _____ DENIED _____ (SEE SUPPORTING DOCUMENTATION)

Applicant Name: _____

Instructions to the Applicant

- The information you provide in this Background Packet will be used in the background investigation to assist in determining your suitability for a position with the Roswell Police Department, in accordance with RPD Policy.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response but do not simply write "N/A".
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.
- All information must be completed and returned before the assigned deadline.
- Incomplete forms/packets will not be accepted.
- The information provided by you will be subject to both polygraph examination and background investigation.
- There are few **automatic** bases for rejection. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. **Be as complete, honest and specific as possible.**
- Please read and initial the following statements:

____ I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

____ I understand that in order to promote and encourage candid evaluations by persons interviewed during applicant background investigations, all evaluations shall be confidential, pursuant to the Open Records Act. Confidential evaluations include information or records which assess work performance, prejudices, integrity, ethical conduct, honesty, financial responsibility and/or past personal behavior.

____ I understand that it is my responsibility to notify the internship coordinator of any changes to information included.

Applicant Signature

Date

Please provide color **COPIES** (unless otherwise noted) of the listed documents, as they will not be returned to you. Originals will be verified prior to a conditional offer of employment being issued.

- Valid driver's license
- Academic Advisor's Letter of Recommendation
- Police reports and disposition paperwork from any criminal detainment or arrest

Section 1: Residential History

1. LIST OF RESIDENCES

- List ALL residences since age 13. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc. and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed, utilize the continuation page located at the back of the packet.

| | | | | | |
|---|-------|-----|--|-------------------------|----------------|
| A) Address where you live now (number / street / apt) | | | | FROM | TO |
| | | | | | PRESENT |
| City | State | ZIP | If renting: Property Manager, Rent Collector, or Owner | | |
| Address or Property Manager, Rent Collector, or Owner (Number / Street / Apt) | | | | Landlord Contact Number | |
| City | State | ZIP | Landlord Email | | |
| Names of those with whom you live: | | | | | |
| | | | | | |
| B) Former Address (number / street / apt) | | | | FROM | TO |
| | | | | | |
| City | State | ZIP | If renting: Property Manager, Rent Collector, or Owner | | |
| Address or Property Manager, Rent Collector, or Owner (Number / Street / Apt) | | | | Landlord Contact Number | |
| City | State | ZIP | Landlord Email | | |
| Names of those with whom you live: | | | | | |
| Reason for Moving: | | | | | |
| | | | | | |
| C) Former Address (number / street / apt) | | | | FROM | TO |
| | | | | | |
| City | State | ZIP | If renting: Property Manager, Rent Collector, or Owner | | |
| Address or Property Manager, Rent Collector, or Owner (Number / Street / Apt) | | | | Landlord Contact Number | |
| City | State | ZIP | Landlord Email | | |
| Names of those with whom you live: | | | | | |
| Reason for moving: | | | | | |
| | | | | | |
| D) Former Address (number / street / apt) | | | | FROM | TO |
| | | | | | |
| City | State | ZIP | If renting: Property Manager, Rent Collector, or Owner | | |
| Address or Property Manager, Rent Collector, or Owner (Number / Street / Apt) | | | | Landlord Contact Number | |
| City | State | ZIP | Landlord Email | | |
| Names of those with whom you live: | | | | | |
| Reason for Moving: | | | | | |
| | | | | | |

Section 2: Professional Ethics & Morals

2. Have you ever been investigated or disciplined for wrong doing by an employer or regulating body? (This includes written warnings, formal letter of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) Yes No
3. Have you ever been fired, released from probation, or asked to resign from any place of employment?..... Yes No
4. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?..... Yes No
5. Have you ever quit without giving proper notice?..... Yes No
6. Have you ever resigned after learning that an employer intended to fire you or take disciplinary action against you? Yes No
7. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer?..... Yes No
8. Have you ever had a professional license revoked or suspended for any reason?..... Yes No
9. Have you ever been counseled at work due to lateness or absences?..... Yes No
10. Did you ever receive an unsatisfactory performance review?..... Yes No
11. Have you ever sold, released, or given away legally confidential information?..... Yes No
12. Have you ever called in sick when you were neither sick nor caring for a sick family member?..... Yes No

If yes, how many sick days have you used in the past 5 years which were not due to illness? _____

If you answered yes to any of questions 1-11, explain (include when, where and circumstances; indicate corresponding number): _____

13. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?..... Yes No

If yes, how often? _____

14. Has your work or school performance ever been affected by your use of alcohol or drugs?..... Yes No

When? _____ Name of Employer: _____

15. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... Yes No

Section 3. LEGAL

Disclosure of Arrests and Convictions

As an applicant, you are required to disclose any of the following, *even if the records were sealed, expunged, dismissed, or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL first offender and diversion programs entered

16. Either as an adult, or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?..... Yes No

If yes, explain each incident and submit the incident report and disposition paperwork (if applicable).

A) Approximate Date _____ Arresting or Detaining Agency _____

Charge _____

Disposition or Penalty _____

B) Approximate Date _____ Arresting or Detaining Agency _____

Charge _____

Disposition or Penalty _____

C) Approximate Date _____ Arresting or Detaining Agency _____

Charge _____

Disposition or Penalty _____

D) Approximate Date _____ Arresting or Detaining Agency _____

Charge _____

Disposition or Penalty _____

17. Have you ever been placed on court probation as an adult?..... Yes No

18. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?..... Yes No

19. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity support, etc?). Yes No

20. Have the police ever been called to your home for any reason?..... Yes No

21. Have you or your spouse/partner ever been referred to Child Protective Services?..... Yes No

22. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No

23. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?..... Yes No

24. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?..... Yes No

25. Have you ever filed a false insurance or worker's compensation claim?..... Yes No

If you answered yes to any of questions 17-25, explain (include court case or document, dates, and circumstances; indicate corresponding number):

26. Undetected Acts – Part 1

As an adult (age 17), have you ever committed any of the following acts?

A) Annoying / obscene phone calls..... Yes No

B) Battery (use of force or violence upon another)..... Yes No

C) Brandishing a weapon (any type of weapon)..... Yes No

D) Carrying a concealed weapon without a permit..... Yes No

E) Contributing to the delinquency of a minor..... Yes No

F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)..... Yes No

G) Driving under the influence of alcohol and/or drugs..... Yes No

- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... Yes No
- I) Hit & Run collision (no injuries)..... Yes No
- J) Hunting/fishing without a license..... Yes No
- K) Illegal gambling..... Yes No
- L) Impersonating a peace officer (pretending to be a police officer)..... Yes No
- M) Indecent exposure (including flashing or mooning)..... Yes No
- N) Joyriding (using a car or other vehicle without owner's permission)..... Yes No
- O) Theft (including shoplifting/switching price tags/party to a crime)..... Yes No
- P) Possession of alcohol as a minor..... Yes No
- Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)..... Yes No
- R) Possession of stolen property (including vehicles)..... Yes No
- S) Prostitution or soliciting a prostitute..... Yes No
- T) Resisting Arrest (including running from the police)..... Yes No
- U) Trespassing..... Yes No
- V) Vandalism (including "tagging", malicious mischief and/or property damage)..... Yes No
- W) Intentionally writing a bad check..... Yes No
- X) Filing a false police report..... Yes No
- Y) Any other act amounting to a misdemeanor..... Yes No

If you answered yes to **any** item(s) in **Question 26**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (25-A, etc.) for each explanation:

27. Undetected Acts – Part 2

At any time in your life have you **ever** committed any of the following?

- A) Arson (intentionally destroying property by setting a fire)..... Yes No
- B) Assault with a deadly weapon..... Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime)..... Yes No
- E) Child Molestation (performing unlawful acts with a child)..... Yes No
- F) Accessing and/or possessing child pornography..... Yes No
- G) Elder abuse/neglect..... Yes No
- H) Embezzlement (theft of money or other valuables entrusted to you)..... Yes No
- I) Felony drunk driving (involving injuries)..... Yes No
- J) Rape or other act of unlawful intercourse..... Yes No
- K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... Yes No
- L) Hit & Run (with injuries)..... Yes No
- M) Hate crime..... Yes No
- N) Insurance fraud..... Yes No

- O) Theft (value of over \$500, or any firearm)..... Yes No
- P) Murder, homicide, or attempted murder..... Yes No
- Q) Perjury (lying under oath)..... Yes No
- R) Possession of an explosive/destructive device (not commercial fireworks)..... Yes No
- S) Robbery (theft from another person using a weapon, force, or fear)..... Yes No
- T) Stalking..... Yes No
- U) Blackmail or extortion..... Yes No
- V) Any other act amounting to a felony..... Yes No

If you answered yes to **any** item(s) in **Question 27**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (256A, etc.) for each explanation:

Questions 28-30 ask about your current and past drug use. This covers the use of **any** drug, including the unauthorized or misuse of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens (Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs (Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

28. Have you ever used a prescription medication not prescribed to you?..... Yes No

If yes, give details, including drug(s) used, approximate dates, and circumstances:

29. Have you ever used an illegal drug or controlled substance?..... Yes No

If yes, give details, including drug(s) used, approximate dates, and circumstances:

30. Have you **ever** engaged in any of the activities listed below for illegal drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If checked any items above, give details including drug(s) involved, over what time period(s), and circumstances: _____

Section 4. Other Topics

31. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

32. Do you have any tattoos that cannot be covered by a short sleeve shirt, **OR** have you ever had a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

33. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?..... Yes No

34. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No

If you answered yes to any of **Questions 31-34**, give details including dates and circumstances, indicate corresponding number: _____

35. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment (internship) with the City of Roswell, specifically the Roswell Police Department.

Signature of Applicant in full

Date

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____

Date: _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

CITY / STATE / ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

WORK NAME: _____

WORK ADDRESS: _____

SECONDARY CONTACT:

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

CITY / STATE / ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

WORK NAME: _____

WORK ADDRESS: _____

CITY OF ROSWELL CONSENT AND RELEASE

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Roswell.

I hereby certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I hereby certify that the answers given by me to the foregoing questions and statements made by me are full and true and to the best of my knowledge and belief. I understand that any false information, or misrepresentation of facts called for in this application or any supplements, thereof, is cause for rejection of my application or discharge at anytime during my employment.

I understand that my employment will be subject to the successful completion of a pre-employment urinalysis and non-invasive physical examination and consent to same. I acknowledge that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. Such exams shall be paid for by the City of Roswell. I also agree that all information concerning said physical examination and/or a drug and/or alcohol screening, can be supplied to the City of Roswell, or any authorized agent of this municipality, upon their request.

If employed by the city of Roswell, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I further agree to hold harmless the City of Roswell and its agents from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said test in connection with the City of Roswell's consideration of my application of employment.

I understand the requirements of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodations.

I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

A photocopy of this release form will be valid as an original, thereof, even though the said photocopy does not contain the original writing of my signature.

Full Name of Applicant

Address . City State Zip

Telephone . Date of Birth Social Security (Optional)

Signature of Applicant (including maiden name) Date



ROSWELL POLICE DEPARTMENT

Criminal History Release Form

The following information must be completed in order to receive any criminal history information pertaining to you that is contained in the files of the State of Georgia. Your record will be checked using the Georgia Crime Information Center (GCIC) database and other Law Enforcement Information Sharing Platforms and will be for the State of Georgia only. If no criminal history is on file, this form will be stamped stating so. If a criminal history is on file with the State of Georgia, a copy will be printed for you. A government issued ID will be required.

NAME: Last: _____ First _____ Middle _____

MAIDEN and/or PREVIOUS LAST NAMES: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SEX: _____ SOCIAL SECURITY #: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ CELL PHONE: _____

REASON FOR CRIMINAL HISTORY REQUEST / CHECK ANY OF THE FOLLOWING THAT

Are you an applicant for employment providing care to:

- _____ Children (including adoption)
- _____ Elderly
- _____ Mentally Ill

In the interest of the City of Roswell:

- _____ City of Roswell Applicant
- _____ Ride Along Request (Pre-Approved)
- _____ OTHER (EXPLAIN BELOW)
- _____ Criminal Justice Internship

If you are giving authorization for someone other than yourself to pick up your completed background check, please provide their full name:

Requestor's Signature _____

Date Signed _____

OFFICIAL USE ONLY



Roswell Police Department Civilian Observer Program Release of All Claims



_____ has requested permission to act as an observer with police officers, including riding with officers in a Roswell-owned police vehicle, observing in police facilities and installations and accompanying police officers as an observer in the performance of police duties. By signing this form, the observer understands and accepts that neither the City of Roswell, the Roswell Police Department nor any Police Department Employee can accept responsibility or guarantee the safety of the observer.

In consideration of being permitted to ride in a police vehicle as an observer, to accompany officers in the performance of their duties or act as an observer in police facilities and installations, the observer agrees to the following. The undersigned:

Voluntarily assumes all risks of accident, injury or damage to the observer's person or property. Releases and discharges the City of Roswell, its employees and agents, including but not limited to police officers of the Roswell Police Department, from every claim, liability, or demand of any kind for or on account of any personal injury or damage, or injury or damage to property of any kind sustained, whether caused by the negligence of the City of Roswell, its agencies or employees, including but not limited to police officers, or otherwise.

Agrees to hold harmless the City of Roswell, its agents or employees, including but not limited to police officers, from any claim, liability or demand of any kind which may arise against any or all of them resulting in any way from the observer's riding with a police officer, accompanying police officers in the performance of their duties or acting as an observer in a police facility or installation.

Approval for this program will be decided upon after a review of the requesting applicant's background and criminal history.

Dated this _____ day of _____, _____, at the Roswell Police Department, 39 Hill Street, Roswell, Fulton County, Georgia.

Signature of Observer

Signature of Individual Executing Release
(Parent of Guardian if Observer is Under 18 Years of Age)

Street Address

Relationship to Observer

City, State, Zip Code

DOB

SSN

Phone

Group, Organization, School, etc.

Criminal History

Chief's Approval