Cobb County Animal Control

1060 Al Bishop Dr
Marietta, GA 30008
770-499-4136 * Fax 770-590-5620

Thank you for your interest in becoming a volunteer at the Cobb County Animal Control Shelter.

We are proud of the work our volunteers continue to do helping the animals that have been placed in our care. Our hope is that you are able to join our team and continue this support. In order to insure that our volunteers meet the high standards required by Cobb County, the attached packet must be completed in its entirety. The information supplied is confidential. The following is a summary of the approval process for becoming a Cobb County Animal Control Volunteer. This application process is consistent with all other Cobb County Volunteer Programs.

Application Approval Process

1. Applicants complete and submit the attached packet to Animal Control.
2. Cobb County Department of Public Safety (Police Department Internal Affairs Unit) will verify the information submitted on the application and approve qualified applicants for further consideration.
3. Approved applicants will be interviewed by Cobb County Animal Control.
4. If the applicant is approved after the interview process, he/she will attend a training session.
5. After successfully completing the training, the applicant will be issued an ID and will join our team.

Thanks again for your interest in becoming a Cobb County Animal Control Volunteer. Please let me know if you have any questions or if I may assist in any way.

Sincerely,

Kent Johnston
Cobb County Animal Control Volunteer Coordinator

Cobb County
Department of Public Safety Training Center
Cobb County Animal Control 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 CCAC volunteer program? _____

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

Have you participated in the Cobb County Animal Control 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 Control.

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 Control Volunteer Program

(PLEASE PRINT)

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____-_____-_____

MAIDEN NAME: _____

OTHER NAMES USED: _____

CURRENT
ADDRESS: _____
(Number, Street, Apt #)

_____
(City, State, Zip Code)

OTHER STATES OF RESIDENCY: _____

HOME PHONE: ( )_____WORK PHONE: ( )_____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

PLACE OF BIRTH: _____
(City, State, Nation)

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____

HGT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER DRIVER'S LICENSES YOU HAVE HELD:

(State)	(License Number)
_____	_____
_____	_____
_____	_____
_____	_____

[OVER]

Cobb County Department of Public Safety
Internal Affairs
Authorization for Release of Information For
Intern, CPSA & Animal Control 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 Control 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 Control 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 Control Volunteer or in any way connected with the decision whether or not to accept me into the program of Intern, CPSA and/or Animal Control 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 Control 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 Control 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 Control 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 Control 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 CONTROL 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 Control 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 Control 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 Control Volunteer – Applicant

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

Photocopy of Social Security Card