

WHITE COUNTY SHERIFF'S OFFICE FIREARMS SAFETY COURSE

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

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, including the **consent for background check**. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.

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5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Truthful and complete responses to this application are a necessity. A copy of your driver's license is required to verify information for your background check.

*******Pages 4 and 5 MUST BE NOTORIZED*******

For the purpose of this application only, a notary will be made available at the White County Sheriff's Office at no charge.

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.

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.

The completed application should be mailed to the White County Sheriff's Office, Attn: Firearms Safety Course, 1210 Hulsey Rd., Cleveland, Ga 30528. The completed application can also be dropped off at the above address.

Space is limited and classes will be filled on a first come, first serve basis. Please verify that a current phone number and email address is on the application as these will be used for important class communication.

For additional information contact (706-865-6370) or email (mbennett@whitecounty.net) Point of contact, Megan Bennett.

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APPLICATION

Name: _____ Date of Birth: _____
LAST FIRST MI

Name you would like to be called: _____ Sex: _____

Address: _____
Number/Street City/State/Zip

Telephone: Home : (____) ____ - _____

Other: (____) ____ - _____

Email Address: _____

Personal: Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Employer: _____ Phone: (____) ____ - _____

Emergency Contact: _____
Name Phone # City/State

How long have you lived in White County? _____

Have you previously attended any other class or program hosted or sponsored by the
White County Sheriff's Office? YES NO

If so, please list: _____

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: _____ When: _____

Where: _____

Office use only:

This application has been submitted between
scheduled courses. Hold and record
information accordingly.

Application Recorded

Contacted for next course

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*****THIS PAGE MUST BE NOTARIZED*****

STATE OF GEORGIA

COUNTY OF WHITE

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of White desire to participate in the Firearms Safety Course; and

WHEREAS, the White 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 Firearms Safety Course.

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____.

Printed Name

Signature

Notary Public

My Commission Expires: _____
(SEAL)

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*****THIS PAGE MUST BE NOTARIZED*****

Background Check Consent Form

I hereby request the White County Sheriff's Office to receive any Criminal History Record information which may pertain to myself (or the person named below) and may be found in any state or local criminal justice agency in Georgia.

Records obtained from White County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. White County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED. This request is in accordance to state law as it applies to:

PLEASE PRINT

Today's Date: _____

Business Name: _____ Business Phone: _____

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home / Cell Phone: _____ Driver's License Number: _____

SSN: _____ DOB: _____ Place of Birth: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eye: _____

Signature of Applicant

Print Name of requesting person (if not applicant)

Notary (Not the same as the person requesting)

Signature of requesting person (if not applicant)

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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 \$5000.00 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 data bases 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: _____

Witnessed: _____ Date: _____

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PHOTOGRAPH AND VIDEO RELEASE

I grant to the White County Sheriff's Office, its representatives and employees the right to take photographs of me and my property in connection with my involvement with the Firearms Safety Course. I authorize the White County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the White County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____