



# FORSYTH COUNTY SHERIFF'S OFFICE

*Ron H. Freeman, Sheriff*

## **Chaplain Corp Application Process**

The goal of the Forsyth County Sheriff's Office Chaplain Corp is to provide trusted clergy in whom agency employees, as well as citizens of the community, may confide and/or seek assistance in times of distress. The Chaplain Corp is staffed by volunteers who desire to minister to the unique issues facing law enforcement personal and their families and also serve in the affairs of the citizens of the community.

Clergy who desire to volunteer in the Chaplain Corp should follow the application process detailed below.

### **Qualifications:**

1. Be ordained or a licensed member of the clergy;
  - a. or submit a written letter of recommendation from their religious body supporting their readiness and fitness to serve as a Chaplain.
  - b. Non-ordained/licensed candidates must have completed a formal education in, or training in their religious belief system.
2. Maintain high spiritual and moral standards.
3. Possess a caring and understanding attitude toward all people regardless of race, sex or religious beliefs;
4. Be willing and available to respond to any situation where the presence of a Chaplain is requested.

### **Recommendation of Current Chaplain Corp Members:**

1. Appear before an oral interview board consisting of current Chaplains.
2. The oral interview board will submit their recommendation to the Chaplain Corp Coordinator.
3. Those who receive a favorable recommendation should submit a Chaplain Corp Volunteer application.

### **Application:**

1. Submit a completed Forsyth County Sheriff's Office Chaplain Corp Volunteer application.
2. Attach a copy of Ordination Certificate or Documents of formal education/training in your religious belief system.
3. Non-Ordained candidates must attach a letter of recommendation from their religious body supporting their readiness and fitness to serve in the Chaplain Corp.
4. Pass a thorough background check.
5. Pass a drug screen.
6. Be interviewed by the Sheriff and/or designee (s).



# FORSYTH COUNTY SHERIFF'S OFFICE

*Ron H. Freeman, Sheriff*

## Chaplain Corp. Volunteer Application

Please feel free to contact the Sheriff's Office Chaplain Corp Coordinator at any time during the process.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Select Position:  Chaplain Volunteer Time Available to Volunteer: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

## CRIMINAL HISTORY

Have you ever been convicted of or plead guilty or Nolo to a felony or misdemeanor, including DUI?

Yes  No

**If yes:**

When? \_\_\_\_\_ Where? \_\_\_\_\_ For What? \_\_\_\_\_

## MILITARY SERVICE

Active Military Service:

From: \_\_\_\_\_ to: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Copy of DD214 Needed

## EMPLOYMENT RECORD

**Five (5) year history or your last 2 employers; List all Public Safety Experience. If you have been retired for more than 5 years, no former employer references are needed.**

Organization/Firm:		City:		State:	
From Month/Yr:		To Month/Yr:		Reason for Leaving:	
Telephone:			Supervisor:		
Job Title:					
Describe Job Duties:					
Organization/Firm:		City:		State:	
From Month/Yr:		To Month/Yr:		Reason for Leaving:	
Telephone:			Supervisor:		
Job Title:					
Describe Job Duties:					

## DRIVING HISTORY

List all states where you've had a Driver's License: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you incurred any traffic charges within the past seven (7) years?  Yes  No

Has your license ever been suspended or revoked?  Yes  No

If yes, give reason: \_\_\_\_\_

## PERSONAL BACKGROUND

Have you ever been employed by Forsyth County?  Yes  No

Supervisor Name: \_\_\_\_\_

Date From \_\_\_\_\_ Date To \_\_\_\_\_

## PROFESSIONAL REFERENCES

List name, address, and telephone number of at least TWO (2) personal/business or work references not related to you. If you are retired, please put N/A in this section.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## NEIGHBOR REFERENCE

List one (1) current or former neighbor.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## HISTORY OF MINISTRY SERVICE

List all Faith Based organizations you have served in a ministry capacity (Pastor, Associate Pastor, etc.)

Church Name: \_\_\_\_\_ Capacity of Service: \_\_\_\_\_

Address: \_\_\_\_\_

Church Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_ Capacity of Service: \_\_\_\_\_

Address: \_\_\_\_\_

Church Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## LIST ALL SOCIAL MEDIA ACCOUNTS

Facebook: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

Twitter: \_\_\_\_\_ Pinterest: \_\_\_\_\_

Other social media accounts:

*Intentional omission of any social media accounts may disqualify your application.*

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

## ADDRESS HISTORY

Chronologically list all places of residence for the past seven (7) years:

Street: \_\_\_\_\_ Date From: \_\_\_\_\_

City, State (County), Zip \_\_\_\_\_ Date To: \_\_\_\_\_

Street: \_\_\_\_\_ Date From: \_\_\_\_\_

City, State (County), Zip \_\_\_\_\_ Date To: \_\_\_\_\_

Street: \_\_\_\_\_ Date From: \_\_\_\_\_

City, State (County), Zip \_\_\_\_\_ Date To: \_\_\_\_\_

## APPLICANT/ VOLUNTEER STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract for employment. I further understand that if a volunteer position is offered, it will be contingent upon successful completion of a Forsyth County Sponsored **drug test and background investigation**. I understand that if I am offered a volunteer position, any misrepresentation or material omission made by me will be sufficient cause to the cancellation of this application or dismissal of duties with the County. I give the County permission to contact and obtain information from all references and employers to verify the accuracy of the information contained in this application. I hereby release from liability the Forsyth County Sheriff's Office and Forsyth County or representative from seeking, gathering and using such information for all other persons, corporations or organizations for furnishing such information. The Forsyth County Sheriff's Office does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any volunteer. I understand that it is the Forsyth County Sheriff's Office policy not to refuse qualified individuals with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am given the opportunity to volunteer with the Forsyth County Sheriff's Office, I will be required to provide proof of identity and legal work authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

**FORSYTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE.**

**FORSYTH COUNTY SHERIFF'S OFFICE**  
**Chaplain Corp**  
**Fair Credit Reporting Act**

**FCRA (Fair Credit Reporting Act)**

Under the FCRA (Fair Credit Reporting Act), before the Forsyth County Sheriff's Office can obtain a consumer report or investigative report, we must have your written authorization.

I am aware I have the right to make a written request to Professional Screening & Information Inc., Post Office Box 644, Rome, Georgia 30162: Call collect at 1-877-235-7574 or at [www.psibackgroundcheck.com](http://www.psibackgroundcheck.com) to obtain a free copy of my background investigation within a reasonable period of time if a volunteer decision has been influenced by information contained in the report.

Additionally, a summary of your rights will be made available to you under the Fair Credit Reporting Act.

California, Oklahoma and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to be completed.

**By signing below, I certify that I have carefully read and understand this Disclosure and Authorization.**

**Applicant Name: (Print)** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORSYTH COUNTY SHERIFF'S OFFICE**  
**Chaplain Corp**

**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 Volunteer Program; 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 Volunteer Program.

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**  
**Chaplain Corp**  
**Background Check Consent Form**

I hereby authorize the Forsyth County Sheriff's Office to receive any Criminal History Record information pertaining **to me or my spouse** 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 **Volunteer Program**. 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: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature and Seal

**IF YOU ARE MARRIED, YOUR SPOUSE'S INFORMATION AND SIGNATURE IS REQUIRED:**

Spouse's Name: (please Print) \_\_\_\_\_ Maiden: \_\_\_\_\_

Sex: \_\_\_\_\_ OPTIONAL: RACE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature and Seal