



City of Alpharetta Department of Public Safety
 2565 Old Milton Pkwy.
 Alpharetta, GA 30009
 (678) 297-6306

**City of Alpharetta Department of Public Safety Ride-Along Program
 Waiver and Release Agreement**

Agreement assuming risk of injury or damage waiver and release of claims and indemnity agreement.

Whereas, I _____, being the age of _____ and not being a member of Alpharetta Department of Public Safety, have made a voluntary request to ride as a guest in a vehicle assigned to the Alpharetta Public Safety Department and to accompany a member or members of the Alpharetta Public Safety Department during the performance of their official duties.

Whereas, the Alpharetta Public Safety Department is willing to allow me to ride as guest in a vehicle assigned to that Department, and to accompany a member or members of the Department during the performance of their duties.

Now, therefore in consideration of the permission given to me to ride in a vehicle assigned to the Alpharetta Department of Public Safety, and to accompany a member or members of said Department during the performance of their official duties, I hereby agree:

1. I am aware that the work of the Alpharetta Department of Public Safety is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Alpharetta Department of Public Safety during the performance of their official duties; and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from my accompaniment of a member or members of the Alpharetta Department of Public Safety, including, but not limited to, the use of weapons, unlawful acts of forcible resistance by law violators or suspected law violators, assault, riot breach of the peace, fire explosion, gas exposure/poisoning, electrocution or escape of radioactive substances while accompanying a member or members of the Alpharetta Department of Public Safety during the performance of their official duties.
2. The City of Alpharetta, its sureties, all members of the Alpharetta Department of Public Safety, their sureties, and each of them, shall not be responsible or liable for my death, any personal injury, property damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the Alpharetta Department of Public Safety, or while accompanying any member or members of said Department during the performance of their official duties and resulting from the negligent act or omission on the part of any member of the Alpharetta Department of Public Safety.
3. I further release the City of Alpharetta and the Alpharetta Department of Public Safety from any liability to me or my personal representatives, heirs, executors, administrator or assigns from my death or any personal injury, property damage, loss or expense suffered by me while accompanying any member or members of the Alpharetta Department of Public Safety during the performance of their official duties.
4. I am aware that during such time as I am riding in any vehicle assigned to the Alpharetta Department of Public Safety I am in the status of guest and waive my right, if any, for civil damages against the driver of the vehicle, or any other person legally liable for the conduct of the driver for death, personal injury or loss occurring during such time.
5. I agree for myself, my heirs, administrators, executors, personal representatives and assigns to defend and indemnify the City of Alpharetta, all members of the Alpharetta Department of Public Safety, their sureties, and each of them, against any and all manner of actions, causes of action, suits, debts, claims, demands, or damages of liability or expense of every kind and nature incurred or arising by reason of an actual or claimed negligence or wrongful conduct or omission of mine while riding in any vehicle assigned to the Alpharetta Department of Public Safety, or while accompanying any members of said Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

 (Applicant Signature)

 (Printed Name)

 (Date)



City of Alpharetta Department of Public Safety
2565 Old Milton Pkwy.
Alpharetta, GA 30009
(678) 297-6306

PARENTAL CONSENT (Required if applicant is under the age of 18)

I, the undersigned, have read and understand all pages of this form and, being the parent(s) or legal guardian of _____, a minor under the age of eighteen, ask that the Alpharetta Department of Public Safety grant permission for the above-mentioned minor to ride in a Department vehicle and observe law enforcement activity. I authorize the Alpharetta Department of Public Safety to conduct a police records check of the minor.

I realize and appreciate the nature of law enforcement work, and know that the minor might encounter violence, uncertainty, danger and criminality during a ride-along. I understand that the minor may encounter situations during the ride-along that expose the minor to a risk of death, physical harm or injury, including, but not limited to, motor vehicle accidents. I freely and voluntarily accept these risks.

I further understand that he/she will be a guest passenger in the Department vehicle in which he/she rides. I have not offered any payment to the Department or any of its employees for the opportunity for the above named minor to ride in a Department vehicle and observe law enforcement activity.

In order that the minor may gain the educational benefits of riding-along, I further agree to hold the City of Alpharetta, its City Council, the Alpharetta Department of Public Safety and its Director(s), employees, agents and servants harmless from any and all liability to the above-named minor and to me for death, personal injury or property damage, whether proximate or remote, sustained while he/she rides-along and observes law enforcement activity.

Signature of Parent or Guardian, if Applicant is a Minor

(Signature)

(Printed Name)

(Date)



City of Alpharetta Department of Public Safety
2565 Old Milton Pkwy.
Alpharetta, GA 30009
(678) 297-6306

City of Alpharetta Department of Public Safety Ride-Along Program

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 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: _____

Witnessed: _____ Date: _____



**CITY OF ALPHARETTA
GEORGIA CRIMINAL HISTORY RECORD INFORMATION
REQUEST AND CONSENT FORM**



1) This Request Is For: (Check Only One)

- Employment Military Licensing Personal Use Other Use Not Listed (E)
- International Travel Firefighters Employment Taxi Permit Precious Metals Massage Therapy Permit (E)
- Prospective Adoptive/Foster Parents (E + Note & 2 copies)
- Employment Working With The Elderly (N)
- Employment At A Child Care Facility, School, or Other Jobs Involving Children (W)
- Employment Working With The Mentally Ill (M)
- Firearms/Toting Permit (F)
- Police Ride Along Request (C) Police Department Vendor/Contractor/Visitor (C)
- Criminal Justice Employment – Non Sworn (J)
- Police Officer Pre-Employment (Z)
- Alpharetta Parks and Recreation Employment (E) Alpharetta Liquor Licensing (E)

2) A History Is Requested On The Following Person:

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Sex: _____

Race (check one): White Black Asian American Indian Unknown/Other

Date Of Birth: _____ - _____ - _____ Phone Number: _____ - _____ - _____
Month Day Year

3) Person Requesting Criminal History (person permitted to pickup request):

Name: _____
Last First Middle

Company (if applicable): Alpharetta Dept Of Public Safety

Address: 2565 Old Milton Pkwy Phone: 678-297-6306

City/State/Zip: Alpharetta, GA 30009

4) In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90-/180 / 30 days from the date on this request. I agree that the Alpharetta Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at anytime. **I also understand that the required payment (if applicable) is due upon request.**

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be resubmitted.

Photo copy of a legal government ID must accompany this request.

Service	Fee
General Criminal History Request	\$15
Firearms Criminal History Request	\$55
General Criminal History Request for City of Alpharetta official purposes	Free

Signature of person whom criminal history is being inquired _____ Date _____

Official Use Only – Do Not Mark Below This Line

Results: _____ GCIC Tech: _____ ARN: _____

Date Submitted _____ / _____ / _____

Inquiry Date _____ / _____ / _____

Criminal History Record Information Frequently Asked Questions (FAQs)

What information is contained in a Georgia criminal history record?

The criminal history record includes the person's identification data (name, date of birth, social security number, sex, race, height, weight, etc.), arrest data (including arresting agency, date of arrest, and charges), final judicial disposition data submitted by a court, prosecutor or other criminal justice agency and custodial information if the offender was incarcerated in a Georgia correctional facility.

How do I request a correction or update of my Georgia criminal history record?

If your criminal history record has inaccurate or missing information, GCIC cannot correct or update your criminal history record without appropriate documentation and/or authorization of the submitting agency. As of December 1, 2008, law enforcement agencies must use the web-based Computerized Criminal History (CCH) User Interface to update or modify arrest and identification data submitted by their agency. All other criminal justice agencies, such as courts, prosecutors, probation/parole offices, are encouraged to transmit online updates or modifications, thereby reducing the time to complete the record update. Written requests submitted to GCIC must be on official letterhead, with the following information: full name of subject, date of birth, social security number, race, sex, and date of arrest; or State Identification Number (SID) and date of arrest or Offender Tracking Number (OTN) for that date of arrest; and the requested changes. If the above information is not included in the document, the request cannot be processed.

How do I obtain a copy of a criminal history record from a State other than Georgia?

Contact the State's criminal justice agency (Bureau of Investigation, State Police, etc.) to obtain information on requirements and fees. Requirements may be listed on the agency's website.

How do I obtain a copy of my national criminal history record?

Individuals can obtain a copy of their national criminal history record from the FBI. In order to receive a copy of your FBI record for personal, employment, or international work requirements, please visit the FBI website, <http://www.fbi.gov/hq/cjis/fprequest.htm> for more information.

What is Georgia's First Offender Act (FOA)?

Per Georgia law (O.C.G.A. § 42-8-60), "upon a verdict or plea of guilty or nolo contendere, but before an adjudication of guilt, the court may, in the case of a defendant who has not been previously convicted of a felony, without entering a judgment of guilt and with the consent of the defendant, defer further proceeding and place the defendant on probation as a first offender.

If the terms of the first offender sentence are successfully completed, and the probationer discharged, those charges would be sealed on the GCIC database when the discharge is applied to the GCIC criminal history; however, such information may be available through other sources, including court docket books, criminal justice agency websites, or through "third party" vendors. GCIC must receive official notification that the subject has successfully completed the FOA requirements. The record is not automatically sealed based on the passage of the probation sentence.

Georgia law (O.C.G.A. § 42-8-65(b)) requires GCIC to change the first offender sentence to a conviction if, prior to successful discharge, the subject is arrested and convicted of another offense while still on first offender probation or the offender has received prior FOA treatment. Courts may also revoke a first offender sentence, indicate unsatisfactory completion of the first offender sentence or change to an adjudication of guilt.

Georgia law (O.C.G.A. § 42-8-63.1) notes offenses for which a FOA discharge may be used to disqualify a person for employment; thus the information will be disseminated to prospective employers

What is Conditional Discharge?

Conditional Discharge Programs is different from the Georgia First Offender Act, but there are distinct differences. Conditional Discharge Programs are designed for offenders who have been charged with first time underage possession of alcohol (O.C.G.A. §3-3-23.1) or drug use (O.C.G.A. §16-3-2) and placed on probation without entering a judgment of guilt. Upon fulfillment of the terms and conditions, the court shall *discharge* the person and *dismiss* the proceedings against the defendant. *Discharge and dismissal under this Code section shall be without court adjudication of guilt.* Discharge and dismissal, per code section, may occur only once with respect to any person. A person sentenced under O.C.G.A. §§ 16-13-2 or 3-3-23.1 is not eligible for record restriction under O.C.G.A §35-3-37(d)(7) unless the terms specifically provided for record restriction of the arrest record.

Contact Information

Georgia Crime Information Center

CCH/Identification Services

P.O. Box 370808

Decatur, Georgia 30037-0808

Fax: 404-270-8417

Email: **Criminal history updates/modifications** - gacriminalhistory@gbi.state.ga.us

Employment, licensing, visa (travel) or any other non-criminal justice purpose –

GAApplicant@gbi.ga.gov

Telephone Helpline: 404-244-2639

- Option 1. Criminal History Inquiries regarding Record Restriction or Updates
- Option 2. Applicant Background Information
- Option 3. Attorney or Public Defender
- Option 4. Livescan or Identification Inquiries
- Option 5. Internet Felon Criminal History