



**VOLUNTEER IN POLICING
RENEWAL APPLICATION
P.O. BOX 8032
SAVANNAH, GA. 31412**

SIDE ONE		
Print Full name :		
Home Address :		
Home Phone:	Daytime Phone:	Business:
City:	State:	Zip:
Date of Birth:	Sex:	Race:
SSN #:	Employer:	Occupation:
Education: High School / GED:		College / Technical School:
In Case of Emergency Contact:		
Relationship :		Phone Number:
Date graduated from the Citizens Police Academy ?		
Are you currently a member of a Neighborhood Watch, Community Association, or other Citizen Group ?		
If Yes, which group ? :		Areas of Interest:
Participation in SPD activities as a "VIP" may be photographed, filmed, or names used in promotional activities of the Savannah Police Department. Your Signature gives us the permission to use these without compensation:		
Signature:		DATE:
Have you ever been convicted of a Crime ?		

If yes, please explain:

CONSENT FOR BACKGROUND CHECK

Due to the information that a “ VIP “ may be exposed to, we must ensure confidentiality by requiring all applicants to submit to a Criminal History Records Check:

**I, _____ (Print your name)
hereby authorize the supervisor of the Volunteers in policing to receive any criminal history record information pertaining to the individual identified above, which may be in the files of any state or Criminal Justice Agency in the State of Georgia.**

Signature:

Date: