

**GEORGETOWN COUNTY SHERIFF'S OFFICE**



***A. Lane Cribb, Sheriff***

**Sheriff's Citizen Academy Application**

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

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal History: Have you ever been arrested/ or convicted of a crime? \_\_\_\_\_

If yes, please state the date and nature of the offense? \_\_\_\_\_

Do you currently have any pending criminal charges against you? \_\_\_\_\_

What do you expect to gain from this Academy? \_\_\_\_\_

\_\_\_\_\_



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**Background Release Form**

I certify that the information on this application is true and complete to the best of my knowledge. I also grant the Georgetown County Sheriff's Office permission to verify the above information contained on this application through the use of an investigation background inquiry including criminal convictions, motor vehicles records and other reports. I understand that the Georgetown County Sheriff's Office may request information from various federal, state and/or other agencies which maintain records concerning my past activities relating to driving, civil, and other experiences.

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

In consideration of the training and education I will receive by being a participant in the Sheriff's Academy, I, the undersigned, release Georgetown County and its employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to me, or to my property, or my death arising out of or related to any happenings or occurrence while participating. I promise to release and not sue said persons, and agree to forever hold them harmless from such liability, claims, actions, or causes of action.

The terms hereto shall be in full force and effect on the date hereof and any other occasion when I may accompany a Deputy Sheriff(s) of Georgetown County.

I have read and understand the conditions of this program and hereby agree to voluntarily assume all risk of loss, damage, injury or death, which may be sustained while participating in the Sheriff's Academy or accompanying said GCSO deputy(s).

The release and agreement shall be binding upon by heirs, executors, and administrators, personal representatives, assigns and shall insure to the benefit of said County, agents, public officials and persons herein designated, and their heirs, executives, administrators, personal representatives, assigns and successors in office.

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



***GEORGETOWN COUNTY SHERIFF'S OFFICE***

**Media Release Form**

I, \_\_\_\_\_ give my permission to Georgetown County Sheriff's Office to use my image in publicity materials such as advertisements, performance programs, class schedules, public displays, fundraising materials, website and press kits.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)