



Georgetown County Sheriff's Office

SHERIFF'S CITIZENS ACADEMY APPLICATION

NAME _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY# _____

ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE _____

HOME

WORK

MOBILE

EMPLOYER _____ OCCUPATION _____

EMPLOYER ADDRESS _____

STREET

CITY

STATE

ZIP

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than minor traffic offenses? YES _____ NO _____

If yes, please state the date and nature of the offense. _____

Is there any reason you cannot attend class for nine weeks on Thursdays from 6:30pm to

8:30pm? YES _____ NO _____ Reason _____

What do you expect to gain from this Academy? _____

EMERGENCY Contact _____ TEL# _____

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I GRANT MY PERMISSION FOR THE GEORGETOWN COUNTY SHERIFF'S OFFICE TO VERIFY THIS INFORMATION AND CHECK FOR ANY PRIOR CRIMINAL HISTORY.

SIGNATURE _____ DATE _____

****MUST BE 21 TO APPLY**