

GEORGETOWN COUNTY SHERIFF'S OFFICE



Sheriff Carter Weaver

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? _____

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: _____



GEORGETOWN COUNTY SHERIFF'S OFFICE

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)