

DORCHESTER COUNTY SHERIFF'S OFFICE

SUMMERVILLE
212 Deming Way, Box #9
Summerville, SC 29483
Office (843) 832-0300
Fax (843) 832-0308



ST. GEORGE
100 Sears Street
St. George, SC 29477
Office (843) 563-0259
Fax (843) 563-0263

SHERIFF L.C. KNIGHT

VOLUNTEER APPLICATION

Date: _____

Position Applied For: Alcoholics Anonymous

Name: _____
(Last) First (Middle)

Present Address: _____
(Street) (City) (State, Zip)

Phone Number: (____) _____ - _____ (____) _____ - _____
(Home) (Business/Cell)

Sex: M F Race: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

State ID/License #: _____ State: _____, Social Security #: _____ - _____ - _____

- 1) Have you ever been convicted of a crime: Yes / No - Felony or Misdemeanor?
- 2) Do you currently have any family members incarcerated at the Dorchester County Detention Center?
Yes or No, if yes whom: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

I certify that all answers given herein are true and complete to the best of my knowledge.

I hereby authorize the Dorchester County Sheriff's Office to conduct whatever investigation it deems necessary to confirm statements and complete a background check. I understand that my acceptance as a volunteer in programs is subject to a satisfactory/acceptable background check.

I agree to attend an orientation program at the Detention Center in order to gain an understanding of the rules and regulations of the Detention Center. I further agree to abide by all applicable rules and regulations if accepted to participate in a program.

Applicant's Signature: _____

*Return to Eileen F.
843-817-8166*

***** Application must be completely filled out and legible in order to be considered***
Attach a copy of driver's license with your application**