

HOW TO SIGN UP FOR CORRECTIONS:

****CHARLESTON COUNTY****

Sheriff Al Cannon & Juvenile Detention Centers

Step 1. Complete and sign the **Security Verification Form** (attached below) – BE HONEST!

** Just because you have a record DOES NOT MEAN you cannot be approved to go to jail meetings – PLEASE APPLY ANYWAY!*

Step 2. Return the signed forms and a copy of your driver's license to:

Men: Jonathan & David at sacdcvols@gmail.com

Women: Nancy at tricitycorrections@gmail.com

Juvenile: Rick at rdyoung21@gmail.com

Include your email address on the security verification form.

Step 3. Your paperwork will be submitted to the jail liaison for review, and your corrections representative will inform you of the results upon receipt. This can take up to a few months.

Step 4. If your background check is approved, you must attend **4 hours of training**, which will be coordinated by your corrections representative.

Step 5. When you have completed the training, your name will be added to the approved list, and you **can start attending meetings at the jail!** You will be contacted for your dates of availability.

- Once approved, you must **re-submit your background check application and complete training annually.**

Contacts:

- Men's jail coordinators: sacdcvols@gmail.com
Jonathan R. (319-631-8625) or David M. (843) 442-7640
- Women's jail coordinator: tricitycorrections@gmail.com
Nancy H. (843) 819-2525
- Juvenile coordinator: rdyoung21@gmail.com
Rick Y. (601) 918-2019

Jail Meeting Schedules

Men's Jail Units:

Sheriff Al Cannon Detention Center, 3841 Leeds Ave, Charleston 29405

Mondays @ 7-8 pm Big Book Study meeting on DAODAS unit

Wednesdays @ 7-8 pm Open Discussion on DAODAS unit

Women's Jail Unit:

Sheriff Al Cannon Detention Center, 3841 Leeds Ave, Charleston 29405

Mondays @ 8-9 pm, Weds. @ 1-2 pm, Sat. 10-11 am

Juvenile Detention Center:

Charleston Juvenile Detention Center, 4350 Headquarters Rd., Charleston 29405

(Meetings have not yet resumed).

- The Inter-District Corrections Committee meets on the 3rd Thursday of even months at 7:00 pm at the Intergroup office: 1827 Reynolds Avenue, North Charleston, SC 29405

Email address: _____

**Charleston County
Sheriff's Office**



Sheriff Carl Ritchie

Security / Employment Background Verification		
Name _____ Last First Middle		
Address _____ Number Street City State Zip		
Home Phone Cell Phone		
Race Date of Birth Sex Place of Birth		
Social Security Number Driver's License Number State		
XXX Programs	Vending	Company/Program: Alcoholics Anonymous
Kitchen	Bondsman	Company Address:
Ministerial	Medical	Company Phone Number:
Other (explain)		
Yes / No	At any time during the past ten years have you ever been convicted, pled guilty, pled Nolo Contendere or been charged with any violation of law or regulation carrying the force of law, other than traffic violations?	
Yes / No	Do you now have any form of pending complaint against you for any violation of law or regulation carrying the force of law, other than traffic violations?	
If yes, please explain:		
A legible photocopy of a State issued Driver's License or State issued ID card MUST be submitted with this form.		
Date	Applicants Printed Name	Signature
For Internal Use Only		
Background Check Completed	Criminal History Found	
Date:	Yes / No	
SAS Captain:	Approved / Not Approved	

**SHERIFF AL CANNON DETENTION CENTER
SERVICE PROVIDER AGREEMENT**

All contracted service providers are responsible for notifying the affected staff member within five (5) working days of any arrests other than minor traffic violations.

Registered service providers are responsible for following all SACDC rules and regulations.

1. I will not carry anything into or out of the facility for any inmate. Possession of contraband items will result in the immediate cancellation of my security clearance. This includes unauthorized cell phone(s).
2. I understand that if I enter the facility without following proper procedures, then this violation will result in my removal as a contracted service provider.

INMATE INTERACTIONS

- Do not have any communication/contact with any inmates while in the confines of the facility.
- If you are familiar with a currently incarcerated individual at SACDC, you must report this immediately to your supervisor, who in turn will notify the Contracts Manager to make the appropriate accommodations.

CONFIDENTIALITY PLEDGE

I agree to respect the SACDC's strict confidentiality of information regarding any individual under its care or custody. I further agree that I will not use any information regarding any individual offender of the facility.

RELEASE OF LIABILITY

I release the SACDC and its employees from any liability arising from my request to participate in contracted services unless the liability is caused by intentional and wanton acts of SACDC or its employees. I make this request of my own free will and without coercion or encouragement from any SACDC employee.

Clearly Print Full Name

Signature

Date

Witness Signature

Witness Title