

# Bring Recovery Meetings into Charleston County Corrections

Charleston County Sheriff Al Cannon Detention Center & Juvenile Detention Center — Volunteer  
Onboarding Guide (2025–2026)

 Apply by Sunday, November 30, 2025 to join the December training and serve in 2026.

## 1 Complete the Security Verification Form

- Be honest. Having a record does *not* automatically disqualify you—please apply anyway.
- Include your email address on the form.

## 2 Photograph your Driver's License

Take a clear photo (or scan) of the front of your driver's license.

## 3 Email Your Application

- Men: Jonathan R — [jonathanlucasraley@gmail.com](mailto:jonathanlucasraley@gmail.com) & Jay M — [myersjv@yahoo.com](mailto:myersjv@yahoo.com)
- Women: Nancy — [tricountycorrections@gmail.com](mailto:tricountycorrections@gmail.com)
- Juvenile: Rick — [rdyoung21@gmail.com](mailto:rdyoung21@gmail.com)

## 4 Submission Window

Applications are submitted to the jail liaison twice per year only.

For this cycle, your email must be received by Sunday, November 30, 2025.

If you applied recently, please re-submit for this cycle.

## 5 Background Check & Notification

Your corrections representative will notify you of your background-check result. This can take a few weeks and occasionally longer than a month. Thank you for your patience while we keep the process moving.

## 6 Mandatory Training (4 hours)

- Training is held twice per year and coordinated by your representative.
- Final 2025 training: Saturday, December 13, 2025. You must attend to bring meetings in 2026.
- Next cycle: Applications accepted June 2026; training in July 2026 (date TBA).

**GET APPROVED AND START SERVING!** After you complete training, your name will be added to the “approved list”. Your coordinator(s) will contact you to collect your availability. Many members choose a regular cadence (e.g., *1st & 3rd Wednesdays* of each month), but more sporadic or spontaneous attendance and serving as a substitute are also welcome.


**If you submit (or are re-submitting) an application for this cycle, please be prepared and able to attend the mandatory 4-hour training at the jail on Saturday, December 13, 2025, starting at 9:30 AM.**

## Coordinator Contacts

Reach out with any questions which you may have, as well as to email your completed application packet! Inter-District Corrections Committee meets on the 3rd Thursday of even months at 7:00 PM — Intergroup Office, 1827 Reynolds Ave, North Charleston, SC 29405. All are welcome.

### Men's Jail (Jonathan R.)


 Jonathan Raley


 (319) 631-8625

 [jonathanlucasraley@gmail.com](mailto:jonathanlucasraley@gmail.com)

### Men's Jail (Jay M.)


 Jay Myers

 (843) 513-2057

 [myersjv@yahoo.com](mailto:myersjv@yahoo.com)

### Women's Jail (Nancy H.)

 Nancy

 (843) 819-2525

 [tricountycorrections@gmail.com](mailto:tricountycorrections@gmail.com)

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
<input checked="" type="checkbox"/> Programs	<input type="checkbox"/> Vending	Company/Program: Alcoholics Anonymous
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bondsman	Company Address: 1827 Reynolds Ave, North Charleston, 29405
<input type="checkbox"/> Ministerial	<input type="checkbox"/> Medical	Company Phone Number: 843-554-2998
<input type="checkbox"/> Other (explain)		
<input type="checkbox"/> Yes / <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes / <input type="checkbox"/> 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:		
<b>A legible photocopy of a State issued Driver's License or State issued ID card MUST be submitted with this form.</b>		
Date	Applicants Printed Name	Signature
<b>For Internal Use Only</b>		
<b>Background Check Completed</b>		<b>Criminal History Found</b>
Date:		<input type="checkbox"/> Yes / <input type="checkbox"/> No
SAS Captain:		<input type="checkbox"/> Approved / <input type="checkbox"/> 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**