

BRUNSWICK COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAM

APPLICATION

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

EMAIL ADDRESS _____ DOB _____

YOUR DRIVER'S LICENSE # _____ SSN _____

(APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK)

ANY LAW ENFORCEMENT EXPERIENCE? _____

IF YES, PLEASE EXPLAIN (AGENCY NAME, LOCATION, YEARS OF SERVICE, AREAS OF EXPERTISE, SPECIALIZED TRAINING, ETC) *****PLEASE PROVIDE COPIES OF CERTIFICATES*****

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM? _____

DO YOU KNOW ANYONE EMPLOYED WITH THE BRUNSWICK COUNTY SHERIFF'S OFFICE? _____

IF YES, WHO? _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME? _____ YES _____ NO

IF YES, EXPLAIN BRIEFLY _____

Please return completed application to:

Brunswick County Sheriff's Office
Attention: First Sgt. Tommy Tolley
PO Box 9
Bolivia, NC 28422
Ph: 910-253-2708
Email: tolleyk9@gmail.com

Thank you for your interest in the Brunswick County Sheriff's Office