

VOLUNTEERS IN PARTNERSHIP

HENDERSON COUNTY SHERIFF'S OFFICE



Sheriff Lowell S. Griffin

100 North Grove Street
Hendersonville, NC 28792



Notice to Applicants

Background checks are required for all applicants. Checks are made through the NCIC (National Crime Information Center) computer. If criminal records surface during these checks it may prevent the applicant's appointment to the VIP Program.

Name _____ Age _____ Date of Birth _____
Last Name, First, Name, Middle Initial MM/DD/YYYY

Social Security Number _____
Last Four

Address _____ City _____ State _____ ZIP _____

Previous address if less than five years: _____

Home phone _____ Cell Phone _____ Pager _____

E-mail Address _____

Employer _____

Business Address _____ Business Phone _____

Type of Work Performed _____ Do you have computer skills _____

What skills do you wish to offer _____

High School Graduate _____ College Graduate _____ Degree/Diploma Earned _____

College(s) Attended _____

Military Service _____ Branch _____ Rank/Pay grade _____ Type of Discharge _____

Duties Performed _____

Have you ever worked for Henderson County _____ If yes When _____ What Department _____

Have you ever applied/worked in a law enforcement agency _____ If yes, where? _____

Length of Employment _____ Duties _____

Have you ever been convicted of a crime _____ If Yes, explain _____

Do you have a valid North Carolina Driver's License _____ License Number _____

Make of vehicle _____ Year _____ Color _____ Tag Number _____

Make of vehicle _____ Year _____ Color _____ Tag Number _____

Membership in community organizations _____

VOLUNTEERS IN PARTNERSHIP

HENDERSON COUNTY SHERIFF'S OFFICE



Sheriff Lowell S. Griffin

100 North Grove Street
Hendersonville, NC 28792



What type of duty interests you most _____

What days and hours would you be willing to serve _____

Do you require any special accommodations, i.e. cannot stand over an hour, diabetes and or medications _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Blood Type _____

EMERGENCY CONTACT INFORMATION

Emergency contact: _____ Relationship _____ Phone _____

Emergency contact: _____ Relationship _____ Phone _____

Primary Care Physician _____ Phone _____

REFERENCES

(List two not related to you) Address and phone number

I understand and agree that: Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligibility list, or be cause for immediate dismissal, if an appointment as a volunteer with the Henderson County Sheriff's Office is/was made.

I hereby authorize the Henderson County Sheriff's Office to make a thorough investigation of my personal history and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of such information requested by the Henderson County Sheriff's Office and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my appointment or if appointed may subject me to immediate dismissal. All information gathered pursuant to this application will be kept strictly confidential.

I have read and understand the above.

Applicants Signature

Date

Witnessed by (authorized Sheriff's personnel)

Date