

SHERIFF



TELEPHONE (251) 574-7827
P O. Box 113

Sam Cochran

MOBILE COUNTY - MOBILE, ALABAMA
36601-0113

Thank you for contacting the Sheriff s Office to inquire into our Volunteer Program. The first step is for you to please complete the attached two sheets and return to me at the following address.

Mobile County Sheriffs Office
P. O. Box 113
Mobile,, Al. 36601

Attn: V-Corps

When I have received this paperwork back it will be reviewed by our internal affairs office. This will take anywhere from 7 to 10 days. Once this is completed I can then contact you to begin our orientation session.

Once again thank you for your interest.

Norris Armstrong
V-Corp Coordinator

V-CORPS
MOBILE COUNTY SHERIFF'S OFFICE

NAME: _____

ADDRESS: _____ ZIP _____

S/S # _____ AL DRIVERS LICENSE # _____

PHONE: _____ CELL: _____

E-MAIL: _____

AVAILABILITY:

Days per week: _____ Hours per day _____ Time Preference _____

OCCUPATION SKILLS:

OTHER SKILLS OBTAINED: _____

RESTRICTIONS: _____

ARE THERE ANY SERVICES YOU SPECIFICALLY DESIRE TO VOLUNTEER
FOR?

WILL YOU BE AVAILABLE FOR ACTIVITIES THE SHERIFF NEEDS WHEN
TIME ARISES? _____ (yes/no)

INFORMATION ** CONTACT NORRIS ARMSTRONG (251) 574-2423



Sam Cochran

MOBILE COUNTY - MOBILE, ALABAMA
36601-0113

NAME: _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

CURRENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

I authorize the Mobile County Sheriff's Office to obtain any and all information or records that you may have concerning my work, school, military, reputation, criminal history record, driving record, financial and credit status. This information is to be used to assist the Mobile County Sheriff's Office in completing a background history for employment purposes, for the confidential use of the Mobile County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested above.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Witness: _____

Address: _____ Address: _____

City/State/Zip.- _____ City/State/Zip: _____

Date: _____ Date: _____