

SHERIFF



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

Sam Cochran

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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.

V-CORPS  
[vcorps@mobileso.com](mailto:vcorps@mobileso.com)

**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 V-CORPS: [vcorps@mobileso.com](mailto:vcorps@mobileso.com)

SHERIFF



Sam Cochran

MOBILE COUNTY - MOBILE, ALABAMA  
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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: \_\_\_\_\_