



# RANDOLPH COUNTY SHERIFF'S OFFICE

## SHERIFF GREGORY J. SEABOLT

727 McDowell Road  
Asheboro, North Carolina 27205  
Phone: 336.318.6699 Fax: 336.318.6618

Full Legal Name: \_\_\_\_\_  
(First) (Full Middle Name – No Initials) (Last)

Maiden or Other Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ Driver's License/ID Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a US citizen: Yes  No

If you are not a citizen, please provide your alien registration number or I-94 number: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Church or Organization: \_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

Which program(s) would you be interested in volunteering with? \_\_\_\_\_

\*Disclosure of your Social Security number is optional. However, choosing to omit this number may result in the return of multiple criminal records for individuals who share similar identifying information as you. The information may or may not be part of your criminal record and therefore, could delay the processing of your application and require you to submit fingerprints in order for determination to be made. Social Security numbers are only used for identification purposes and are not shared with anyone outside the Sheriff's Office.

Do you have a special skill, work experience, certification, training or job skill to offer as a volunteer?

Yes  No  If yes, please explain: \_\_\_\_\_

**PLEASE READ AND SIGN THE BACKGROUND CHECK CONSENT FORM** 

**BACKGROUND CHECK CONSENT**

Recognizing the importance of maintaining the security of the facility and the safety of the employees, inmates, and the public. I hereby give my consent to a personal criminal history check. I am aware that this may involve me being fingerprinted and a check being done with the National Crime Information Center. The results of this will then be placed with my confidential volunteer personnel file.

I do release the Randolph County Sheriff's Office from all responsibility for any adverse experience I may incur while doing volunteer work in any part of the Sheriff's Office, including the Detention Facility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY</b>	
Security Clearance: Approved <input type="checkbox"/> Denied <input type="checkbox"/> By: _____	
Date: _____ Comments: _____	
Orientation Letter: <input type="checkbox"/> Email: <input type="checkbox"/> Date: _____ Orientation Date: _____	
Badge mailed: <input type="checkbox"/> Date: _____ Assignment location: _____	