Randolph County
SHERIFF'S OFFICE
Sheriff Robert A. Graves

CITIZEN ACADEMY MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Resident in Randolph County =	Years:	E-Mail:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		
EMERGENCY CONTACT		
Name of a relative /other:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SPOUSE INFORMATION		
Name:		
Date of birth:		Phone:

With courage, honor and integrity, we protect the rights of all citizens

727 McDowell Road
Asheboro, N.C. 27205
Office: 336-318-6699 Fax: 336-318-6618

Randolph County

SHERIFF'S OFFICE

Sheriff Robert A. Graves

CITIZEN ACADEMY MEMBERSHIP APPLICATION

SPOUSE EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		
REFERENCES		
Name	Address	Phone
ACTIVITIES/ORGANIZATIONS		
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and membership.		
Signature of applicant:		Date:

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