



**Towns County  
Sheriff's Law Enforcement Academy  
and  
Auxiliary  
Application**

**CONFIDENTIAL**

The Towns County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services. All pages must be completed in black or blue ink.

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**Applicant Name**

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**Address, City, State, and Zip Code**

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**Date of Application**

**CHOOSE ONE OR BOTH**

- Law Enforcement Academy**
- Auxiliary**



**Office of the Sheriff**  
**Sheriff Kenneth Henderson**  
**TOWNS COUNTY SHERIFF'S OFFICE**  
**SHERIFF'S LAW ENFORCEMENT ACADEMY**

Dear Applicant,

We are pleased you have decided to apply for enrollment with our Sheriff's Law Enforcement Academy. This is a free 10-week course offered to all Towns County residents, employees, business owners age 21 and over. During the course presenters from the Towns County Sheriff's Office and guest speakers from other partnership agencies will provide a better understanding of operations through hands-on training and law enforcement knowledge. Our goal is to provide a safer community with citizens and business owners of Towns County through communication and education.

The program is run by the Towns County Sheriff's Office with presenters from Towns County Sheriff's Office employees, other agencies, and guest.

Class subjects may include:

- a) Jail responsibilities- (tour of the Towns County Detention Center),
- b) Patrol stats and Responsibilities,
- c) Criminal Investigations,
- d) SRO Program/Champs/K-9 Demo
- e) State Certification Program/Administrative Duties
- f) Court Services/Responsibilities/Stats,
- g) Partnership with other agencies,
- h) 911 Dispatch Center Tour
- i) Graduation

**\*\*Note: Class subjects, dates and locations are subject to change.**

If you would like to join the Sheriff's Auxiliary and volunteer at either Towns County Sheriff's office locations, community service, and charity events, please complete the last page of this application. This information will be forwarded to the Auxiliary Director after your application has been approved. The Auxiliary Director will then provide you with instructions for completing the GCIC CJIS Security and Awareness Training, which is required of all staff and volunteers.

You can pick up an application at either Sheriff's office location: the Towns County Detention Center or the Towns County Courthouse.



**Office of the Sheriff**  
**Sheriff Kenneth Henderson**  
**Sheriff's Law Enforcement Academy / Sheriff's Auxiliary Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City/State/Zip Code

Phone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Are you a full-time resident of Towns County, GA? **YES NO** How long? \_\_\_\_\_

If not a full-time resident, name of primary residence. \_\_\_\_\_

Do you know or related to anyone who works for the Towns County Sheriff's Office or who has attended the Sheriff's Auxiliary Academy or Auxiliary Program in the past? **YES NO**

If yes, name of person(s): \_\_\_\_\_

Please list a three (3) references with contact information:

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever been arrested for any felony or misdemeanor offenses? **YES NO**

If yes, list the charges: \_\_\_\_\_

How did you hear about the Law Enforcement Academy/Auxiliary Program?

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. Towns County Sheriff's Office is hereby authorized to make any investigation of my personal history deemed necessary for consideration for Sheriff's Law Enforcement Academy and/or Sheriff's Auxiliary. I understand that false or misleading information may result in disqualification.

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

\_\_\_\_\_  
 Date



**Office of the Sheriff  
Sheriff Kenneth Henderson**

**Background Check Consent Form**

I hereby give consent for the **Towns County Sheriff's Office** to conduct an inquiry and receive any Criminal History Record information pertaining to me which may be in the files of state or local criminal justice agency.

The information received shall be limited to the intended purpose for my enrollment into the Sheriff's Law Enforcement Academy and/or Sheriff's Auxiliary and may not be secondarily disseminated.

I hereby release the **Towns County Sheriff's Office** for information obtained from another agency, State of Federal, or person, which provided such information and whose files reflect records which may contain errors or omissions.

**\*\*PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION BELOW.**

<b>Print Full Name:</b>	<b>Date of Birth:</b>	
<b>Address:</b> _____ _____	<b>Place of Birth:</b>	
	<b>SS#:</b>	
	<b>Sex:</b>	<b>Race:</b>
<b>Signature</b>	<b>Date</b>	

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_  
(SEAL)

**\*\*\*For Agency use only**  
**Sheriff's Law Enforcement Academy#**

Criminal Record Available	<b>NO</b>	<b>YES</b>	Criminal Record attached/released	<b>YES</b>
NCIC/GCIC Warrant	<b>NO</b>	<b>YES</b>	Possible NCIC/GCIC Warrant (Wanting Agency Listed Below)	
Wanting Agency:			Wanting Agency Phone:	
Date of inquiry:	Time of inquiry:		Operator's Initials:	

\_\_\_\_\_  
Agency Designee Signature/Title

\_\_\_\_\_  
Date



Office of the Sheriff  
Sheriff Kenneth Henderson

STATE OF GEORGIA  
COUNTY OF TOWNS

COVENANT NOT TO SUE

WHEREAS, certain Citizens and person, having business interest in the County of Towns, desire to participate in the Sheriff's Law Enforcement Academy and/or Sheriff's Auxiliary; and

WHEREAS, the Towns County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned does hereby covenant that I/we shall not commence or maintain any suit thereon against the Towns County Sheriff's Office, Towns County Government, or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Sheriff's Law Enforcement Academy and/or Sheriff's Auxiliary.

This covenant shall be binding upon, and insure to the benefit of the parties, their successors, assigns and executors, administrators, personal representatives, and heirs.

I fully understand this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs, or assigns and I am executing this covenant freely and voluntarily.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_  
(SEAL)



# Office of the Sheriff Sheriff Kenneth Henderson

Towns County Sheriff's Office  
4070 Hwy 339  
Young Harris, GA 30582

## Permission to Use Photograph

I grant to the Towns County Sheriff's Office, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject.

I agree that Towns County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_  
(SEAL)



# Office of the Sheriff

## Sheriff Kenneth Henderson

### AUXILIARY VOLUNTEER QUESTIONNAIRE

*(Complete if you would like to join the Sheriff's Auxiliary upon completion of the Sheriff's Law Enforcement Academy)*

Name: \_\_\_\_\_ Academy Class # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Age Range: 25-50\_\_\_ 51-70\_\_\_ Over 70\_\_\_ No Answer \_\_\_\_\_ Retired: YES\_\_\_ NO \_\_\_

Military background? YES\_\_\_ NO\_\_\_

Retired Law Enforcement Officer? YES\_\_\_ NO \_\_\_ If yes, which agency and where

Have you worked in the Medical Field? YES \_\_\_ NO \_\_\_ If YES, please specify

Are you CPR Trained and/or Certified? YES \_\_\_ NO \_\_\_ If YES, please specify

Are you AED Trained and/or Certified? YES \_\_\_ NO \_\_\_ If YES, please specify

Other skills and training Please check all that apply:

Website Development \_\_\_\_\_ Computer skills \_\_\_\_\_ Ham Radio Operator \_\_\_\_\_

Office skills \_\_\_\_\_ Even Organization \_\_\_\_\_ Management skills \_\_\_\_\_

Others, please specify

Additional training you would like the TCSO to offer to the AUXILIARY VOLUNTEER TEAM

Have you been a VOLUNTEER before? YES\_\_\_ NO\_\_\_

If yes, where did you volunteer:

Signature \_\_\_\_\_

Date \_\_\_\_\_