



Orangeburg County Sheriff's Office

SHERIFF LEROY RAVENELL

1520 Ellis Avenue

P.O. Drawer 9000

Orangeburg, SC 29116-9000

Phone (803) 531-4647

Fax (803) 515-1899

www.orangeburgcounty.org/ocso

PERSONAL INFORMATION

First Name:		Last Name:	
Address:		City/Zip:	
Age:		SS#:	
Gender:		DL# & State:	
Home Phone:		Work Phone:	
Email:			

If you would like for your spouse to attend, please enter his/her name.

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REFERENCES

Please list two personal references. *(Must include addresses and telephone numbers.)*

1)	Name:		Phone:	
	Address:		City/State/Zip:	
2)	Name:		Phone:	
	Address:		City/State/Zip:	

Please list 2 professional references. *(Must include addresses and telephone numbers.)*

1)	Name:		Phone:	
	Address:		City/State/Zip:	
2)	Name:		Phone:	
	Address:		City/State/Zip:	

COMMUNITY INVOLVEMENT

List any associations, clubs, or organizations with whom you are affiliated:

BACKGROUND INFORMATION

Have you been convicted of or have current criminal charges pending for any offense other than traffic infractions? If yes, explain.

SESSION SELECTION

Which session would you like to attend? (Enter "X" in the appropriate space.)

January

May

If you selected January or May, which location do you prefer? (Enter "X" in the appropriate space.)

Prince of Orange Mall - Chestnut St. Orangeburg

Fire Complex Business District - 131 Fire Fighter Lane, Orangeburg

How did you learn about the OCSO Citizen Police Academy?

Explain briefly why you wish to attend the OCSO Citizen Police Academy.

Please read the statement below carefully and sign before submitting.

I hereby certify that there are no willful misrepresentations in the forgoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Orangeburg County Sheriff's Office Citizen's Academy.

I further understand that the Orangeburg County Sheriff's Office will be conducting a thorough background and criminal history investigation. I further state that I have never been convicted of a felony offense in South Carolina or any other state.

Applicant Signature _____

Date _____

Please mail completed applications to:

Orangeburg County Sheriff's Office
Attn: Community Services Unit
P. O. Drawer 9000
Orangeburg, SC 29116-9000

Applications may also be faxed to
(803) 533-5833
or emailed to
jgreen@orangeburgcounty.org
vfuller@orangeburgcounty.org