



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

Dear Clergy Member:

I am delighted that you are considering joining our Volunteer Chaplain program. It has long been a desire for me to provide my employees and the citizens of Orangeburg County spiritual guidance through some of the most challenging events in their lives.

This role has no financial incentive but the payoff stands to be immeasurable because I work with a fine group of men and women who are compassionate and caring.

If this responsibility still intrigues you, I ask that you submit a letter of interest and the attached application so that we can begin the selection process.

Thank you again for your interest in our Chaplain program.

Sincerely,

A handwritten signature in black ink, appearing to read "Leroy Ravenell", with a long, sweeping horizontal line above it.

Sheriff Leroy Ravenell



SHERIFF LEROY RAVENELL
ORANGEBURG COUNTY SHERIFF'S OFFICE
1520 ELLIS AVENUE
ORANGEBURG, SC 29115
Volunteer Chaplains Program
Chaplain Application

PURPOSE: To provide guidance, assistance and counseling to Sheriff's Office employees and the Orangeburg community who wish to access its services.

QUALIFICATIONS:

- Must be 21 years of age.
- Must be a regular or duly ordained minister, priest, rabbi or recognized clergy of their denomination. No particular faith or denomination will be represented to the exclusion of others.
- Be available 24 hours a day.
- Have taken educational programs, credits or courses in the area of psychology or counseling. A bachelor's is preferred, but not required.
- Police chaplains will be familiar with SC Code of Laws 19-11-90, as amended, pertaining to priest-penitent privilege, and will acknowledge that they have read and are familiar with this statute.
- Have a specialized interest in law enforcement chaplaincy and exhibit a broad base of experience, maturity, and flexibility.
- Have a caring and considerate attitude towards all persons regardless of race, sex, creed, or religion.
- Be able to maintain personal control in extremely stressful situations.
- No prior convictions for a criminal offense or offenses involving moral turpitude.
- Possess a valid and current driver's license.
- Agree to attend relevant seminars and training, as made available.

CONTACT INFORMATION:

The Chaplain Program is coordinated through the Sheriff's Office Director of Administration. For additional information or to submit an application, please contact:

Orangeburg County Sheriff's Office
PO Drawer 9000
Orangeburg, SC 29116-9000
803-531-4647
www.orangeburgcounty.org/ocso

PLEASE READ CAREFULLY BEFORE PROCEEDING:

- Due to the sensitivity and classified nature of the material that will be available to you in your role as a police chaplain, it is essential that each applicant complete this application thoroughly and truthfully.
- It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing.
- This application must be typewritten or printed in ink.
- All questions must be answered, if applicable. If not, indicate N/A (not applicable).
- Applications which are not complete and illegible will not be considered.
- If space provided is not sufficient for complete answers, or if you wish to furnish additional information, attach additional sheets, and indicate the question being answered.
- The information you provide in this application will remain confidential.
- You are responsible for obtaining correct addresses, to include street address, state and zip code.
- A letter of interest explaining why you would like to become a member of the Sheriff's Office Volunteer Chaplain program is required in addition to an application.



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ORANGEBURG, SC 29115**

**VOLUNTEER CHAPLAIN PROGRAM
APPLICATION**

Last Name		First Name		Middle Name	
Street Address			City		State
Social Security Number		Date of Birth			
Home Phone Number		Work Phone Number			
Cell Phone Number		Fax Number			
E-mail Address					
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race:	White <input type="checkbox"/>	Black <input type="checkbox"/>
				Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>
				Other: _____	
SC Drivers License #			Exp. Date		

NAME CHANGES

Has your name been legally changed or have you ever used another name? Yes No

If yes, list all names used: _____

PLACE OF BIRTH: _____

Medical Facility

City

State

Has your date of birth ever been changed on a legal document? Yes No

If yes, explain:

ONLINE IDENTITIES

Have you ever maintained an online profile for a social networking site (MySpace, Facebook, LinkedIn, etc.)? Yes No

If yes, please list the service, web address and/or user ID for such: _____

RELIGIOUS DENOMINATION _____

ECCLESIASTICALLY CERTIFIED/ORDINATION _____

LOCATION

DATE

NAME OF CURRENT CHURCH _____

ADDRESS _____

YEARS WITH CONGREGATION _____

NAME OF FORMER CHURCH _____

ADDRESS _____

YEARS WITH CONGREGATION _____



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Education					
School	Name	Address	Course(s) of Study	Diploma/Degree	Year Completed
High School					
Undergraduate College					
Graduate/ Professional College					
Other (Please specify)					

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

PERSONAL/PROFESSIONAL REFERENCES			
Name	Phone Number	Best Time to Call	Occupation



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BACKGROUND INFORMATION**

Note: A CONVICTION includes a guilty plea, payment of a traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense. An ARREST constitutes being taken into police custody.

If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

1. Have you ever been arrested for an offense other than a traffic violation? Yes No If yes, please explain in detail showing the date of arrest, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty/not guilty/dissmissed/did not prosecute).

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2. Have you ever been arrested for a traffic offense (example: Driving Under the Influence, Driving Under Suspension, Operating an Uninsured Vehicle, Leaving the Scene of an Accident, etc.)? Yes No If yes, explain in detail showing the date, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty/not guilty/dissmissed/did not prosecute):

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3. Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? Yes No If yes, please explain:

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4. Have you ever illegally sold, given, or distributed any drugs or controlled substances? Yes No If yes, please explain:

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5. Have you been terminated from employment or asked to resign from employment? Yes No If yes, please explain:

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6. List previous addresses for the last 10 years, beginning with the most recent. Include with the most recent. Include local law enforcement agency that has jurisdiction at the address and the time period which you resided there.

Number	Street	City	State	Zip	Dates	Police Agency
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Number	Street	City	State	Zip	Dates	Police Agency
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Number	Street	City	State	Zip	Dates	Police Agency
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**SHERIFF LEROY RAVENELL
ORANGEBURG COUNTY SHERIFF'S OFFICE
1520 ELLIS AVENUE
ORANGEBURG, SC 29115**

Before signing this form, please ensure that all the information you have disclosed to the Orangeburg County Sheriff's Office is accurate and truthful. If you are unsure of any questions, please make sure that you clarify it with a Sheriff's Office representative prior to signing this document. Any misrepresentation give by any applicant will result in the denial of the applicant's request to participate in the Orangeburg County Sheriff's Office Volunteer Chaplain program. We ask that you provide, without omission whatsoever, any and all information requested.

I, the undersigned, certify that the information given is true and accurate to the best of my knowledge.

Signature _____ Date _____



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Volunteer Chaplains Program Authorization for Release of Information

TO: Any Doctor, Hospital, Medical Association, US Armed Forces, US Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school), or

Any past or present Employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Any Municipal, County, State, or Federal Government Agency.

I, _____, have applied as a Volunteer Chaplain with the Orangeburg County Sheriff's Office. I am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan association balances, to the Orangeburg County Sheriff's Office or its agents. I hereby designate the Orangeburg County Sheriff's Office as my authorized representative for the purpose of such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Signature _____ Date _____

Printed Name _____

Subscribed and Sworn to before me this _____ day of _____, AD _____

My Commission Expires _____

Notary Public _____