



Office of the Sheriff

Durham County

Sheriff's Community Advisory Board Application



Please Print:

Name: _____

Address: _____

List any other name(s) used: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Driver's License #: _____ State: _____ Social Security # ____ - ____ - ____

Home phone #: _____ Cellular phone #: _____ Email: _____

Employer: _____ Address: _____

Position / Title: _____ Work phone #: _____

Justice Involvement: Understanding that many people have been impacted by the criminal justice system, please share with us your experience, if any. Prior Justice-involvement may/may not prevent consideration for serving on the Sheriff's Community Advisory Board, but please give details. If you have not experienced contact with the justice system, please check no below:

- No I have no contact/experience with the Justice System
- Yes I have some experience/contact with the Justice System.

If yes, please explain below:

Explanation/Comments:

Please list 2 personal references (NOT a relative):

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone#: _____ Relationship _____

If you are currently active with any neighborhood, community or civic/religious organization, please list below:

Attach on a separate sheet a short statement as to why you desire to serve on the Sheriff's Community Advisory Board. Applicant must be at least 21 years of age. Prior Justice-involvement may/may not prevent consideration for serving on the Sheriff's Community Advisory Board, but please give details.

Comments: _____

I certify that I have read the requirements for serving on the Sheriff's Community Advisory Board and that the information I have submitted for consideration is true.

Signature of Applicant

Date

Return Completed Application to:

Durham County Sheriff's Office

510 S. Dillard Street

Durham, North Carolina 27701

Phone: 919-560-0342 Fax: 919-560-0854

DCSO Use Only:

Date received: _____ Date background completed: _____ by whom: _____

Applicant accepted: Yes _____ No / Reason: _____

Date notified: _____ via: Letter _____ / Phone _____ by whom: _____

Office of the Sheriff of Durham County

Photo Display / Model Release

I, _____ grant the Durham County Sheriff's Office
The right to print, publish, broadcast, and/or televise any or all photographic or video images of myself
taken by the Durham County Sheriff's Office, or its designated agent, for use in commercial advertising
public service announcements, displays, publications and public relations efforts. I further release the
Durham County Sheriff's Office of any and all future claims and rights to these images.

Name (Please Print): _____

Signature: _____

Address: _____ City: _____

Telephone #: _____ Email: _____