

Greene County Sheriff's Office

Donnie Harrison, Sheriff

1201 Kevin Roberts Way

Greensboro, GA 30642

(706) 453-3351

Citizens Range Application

(NO application missing a SSN or DOB can be processed)

Name: _____

Complete Physical Address (Not P.O. Box): _____

Email: _____

Telephone Number: _____

SSN: _____ **DOB:** _____

Sex: M () F () **Race:** _____ **Height:** _____ ft. _____ in. **Weight:** _____ lbs.

Eyes: _____ **Hair:** _____ **US Citizen:** Y () N ()

Prior Military: Y () N () **Branch:** _____

Type of Discharge: _____

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a misdemeanor?

Y () N ()

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a felony?

Y () N ()

If yes, explain: _____

List 3 personal references (No Relatives):

Name	Address	Phone #	Years Known

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of knowledge. I am aware that falsification on any part of this application may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Greene County Sheriff's Office, its deputies or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Greene County Sheriff's Office to perform a criminal background check and driver's history check. I hereby release the Greene County Sheriff's Office, its deputies and representatives, and any entity providing information pursuant to this Authorization and Release of Information, from all liability upon the provision of that information.

In consideration of being allowed to participate with the Greene County Sheriff's Office Citizen Range, I release the Greene County Sheriff's Office, its deputies and representatives, from liability for any harm, injury, or damage which I may suffer while I am participating in this program. This includes all risks that are connected with the program whether foreseen or unforeseen. This release applies to damages suffered by me as well as my family, heirs, and assigns as a result of any harm or injury I may suffer.

I have read the contents of this release and understand the terms and have signed this release as my own free act.

Sign: _____ **Date:** _____

Witness: _____ **Date:** _____