

Town of Six Mile
Background Check Authorization

Town of Six Mile – Consent to Sled Background Check

I, _____ (Full Name), have applied to volunteer with the Town of Six Mile, South Carolina. I understand that the Town of Six Mile requires volunteers to satisfactorily pass a criminal history background check. Accordingly, by signing below, I hereby consent to the Town of Six Mile performing routine background checks during the duration of my volunteer status.

Applicant signature

Date

Date of Birth

Address

Maiden Name (if applicable)

Please email completed form to:

Rita_Martin@sixmilesc.org

and CC Diana_Manwarren@sixmilesc.org

OR mail the completed form, or bring the form to Six Mile Town Hall

Six Mile Town Hall

106 S Main Street
PO Box 429
Six Mile, SC 29682

Name of volunteer opportunity for which you are applying: _____

Mr. Mrs.

Ms. Dr. Name: _____

Homes Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

Resident of Town of Six Mile Yes No

Occupation: _____ Employer: _____
(If retired, please list your last employer.)

Employer Address: _____

School Attended: _____

List county, community and/or civic activities in which you are affiliated with: _____

Why do you want to volunteer with the Town of Six Mile? _____

What specific skills do you believe you could contribute?

How many hours per month are you able to commit? _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please give details: _____

Statement of Agreement and Understanding

By my signature, I attest all information contained in this application is true and accurate to the best of my knowledge:

I understand it is my responsibility to ensure my application is submitted within the application period and that it has been received by the Town of Six Mile;

Signature: _____ Date: _____

OFFICE OF THE SHERIFF Pickens County



216 C. David Stone Road Pickens, South Carolina 29671

RICK CLARK Sheriff

Office Phones 864-898-5500 864-868-2603
Fax 864-898-5531

Name _____
(First) (Middle) (Last) (Maiden)

Address _____
Street Address City State Zip

Race _____ Sex _____ Date of Birth ____/____/____ SS# ____-____-____

Reason for Request: Job: _____ Apt: _____ Other: _____ (please explain on next line)

Signature: _____

*****DO NOT WRITE BELOW THIS LINE*****

_____ This is to certify that the above referenced individual does not have a conviction record with the Pickens County Sheriff's Office

_____ This is to certify that the above referenced individual shows a criminal record with the Pickens County Sheriff's Office. Please see attached print out for details.

****NOTICE** This records check is for the Pickens County Sheriff's Office files only. This in no way is meant to imply that other criminal history information could not be on file with another law enforcement agency.**

Records Clerk

Date