

Circle the appropriate response to the questions below. If you answer YES to any of the questions then write a explanation next to the question. If you do not have enough space to completely answer the question then attach a separate page to this form.  
Untruthful responses may result in denial of application.

Have you ever been arrested? NO YES \_\_\_\_\_

Have you ever been a suspect or convicted of a crime? NO YES \_\_\_\_\_

Do you know anyone on staff at the Galveston County Jail? NO YES \_\_\_\_\_

Do you have any friends, associates or relatives incarcerated in the Galveston County Jail at this time? NO YES \_\_\_\_\_

**ATTENTION**  
**THE STATEMENT BELOW MUST BE NOTARIZED**

I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of the Galveston County Sheriff's Office bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Galveston County Sheriff's Office and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

State of Texas  
County of Galveston

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

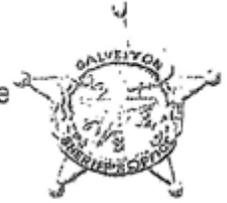
AFFIX SEAL



### Galveston County Sheriff's Office

#### PEER GROUP/VENDOR APPLICATION REQUEST FOR ACCESS TO THE JAIL

A copy of your driver's license and social security card must accompany this document. Please note Peer/Ministry applicants will need a letter from the organization verifying association.



Once the application is completed and notarized, return it to the Recruiting Office located at 5700 Avenue H, Galveston, Texas 77551

#### Organization Type (circle below)

Commissary - Kitchen - Medical - AA Peer Group - NA Peer Group - Bondsman - Maintenance - Legal - Video Ministry  
Personal Bonds Office - Other: \_\_\_\_\_

Last Name	First Name	Middle Name	Age
Social Security Number	Date of Birth	Birth / Maiden Name	
Driver's License Number	State	Race	Sex
Street Address	Apartment	City	State
Home Phone	Cell Phone	Personal e-mail	
Narcotics Anonymous		409-770-4107	
Organization Name	Organization Phone		
P.O. Box 1178	Angleton, TX		
Organization Address	City	State	
Kathy Madden	KJMADDEN29@yahoo.com		
Organization Point of Contact/Supervisor	Point of Contact e-mail		