



# Jail Clearance Application

**Applicant - Include copies of relevant supplemental materials:**

- Professional or Business License, Credentials
- Court Order or Letter from Legal Counsel
- Letter of affiliation from designated Program Coordinator

OFFICIAL USE ONLY	
RECORD NUMBER	RECEIVED DATE

Last Name		First Name		M.I.		List any other names you have ever been known by				
Date of Birth		Place of Birth (City/State)		Driver's License Number		State Issued		Social Security Number		
Have you ever been arrested? If so, when?				Sex	Race	Height	Weight	Hair	Eyes	Are you a U.S. Citizen? If NO, attach documents allowing you to be in U.S.
Address					City			State	Zip Code	
Home Phone		Work Phone		Cell Phone		E-mail Address				

<p style="text-align: center; margin: 0;"><b>Professional Visiting Hours</b></p> <p style="text-align: center; margin: 5px 0 0 20px;"><b>Daily</b></p> <p style="margin: 0 0 0 20px;">8:00 A.M. - 11:30 A.M.</p> <p style="margin: 0 0 0 20px;">1:00 P.M. - 4:30 P.M.</p> <p style="margin: 0 0 0 20px;">6:30 - 10:00 P.M.</p> <p style="margin: 10px 0 0 20px;"><b>Volunteer Program times vary. Please verify times with the coordinator prior to arrival.</b></p>		Specific reason or purpose for requesting Jail clearance (Include inmate name if applicable):  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="padding: 2px;">Agency, Program or Employer Representing</td> <td colspan="3" style="padding: 2px;">Title or Position</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Supervisor or Coordinator's Name</td> <td colspan="3" style="padding: 2px;">Supervisor or Coordinator's Phone</td> <td colspan="2" style="padding: 2px;">Fax Number</td> </tr> </table>								Agency, Program or Employer Representing					Title or Position			Supervisor or Coordinator's Name			Supervisor or Coordinator's Phone			Fax Number	
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I acknowledge, and fully understand the following written agreement and information. I have had my questions and concerns addressed by a staff member prior to submitting this application for Jail Clearance. **I am aware that incomplete applications, and applications lacking supplemental materials (listed above) WILL NOT be processed.** I also understand that it will take approximately **10 DAYS TO PROCESS** the application once it has been received.

I agree to abide by all laws, rules and regulations set forth by the Clark County Sheriff's Office and the State of Washington while in the facility. I recognize that I am liable for my actions while in the Clark County Jail and that any illegal activity will be prosecuted to the fullest extent of the law. I will obey all instructions, and commands given me by the officers in the facility. I recognize that while in the Jail facility there may arise situations which might result in my being exposed to danger of physical harm. I acknowledge these risks and understand I may elect a non-contact visiting area to conduct business. I agree to keep confidential anything I may observe while in the secured portion of the facility, except as otherwise required by law and/or the Rules of Professional Conduct. I hereby authorize the Clark County Sheriff's Office to complete a full criminal history check and any applicable background investigation in order to obtain authorization to access the secured portion of the facility.

I understand professionals, volunteers and clergy with jail clearance are not allowed to have contact with family members while in the jail on clearance related issues. I will not attempt to abuse the clearance for that purpose, and understand that any family related visits must be accomplished in accordance with standard visiting rules and protocols of the jail. Unless I am authorized law enforcement personnel in uniform, I will bring valid government issued I.D. each time I enter the jail. I understand I must exchange my I.D. for a visitors pass in order to enter the facility, and that the pass must be visible to staff at all times while in the facility.

I understand the jail is open for professional visits during specific hours and that access is granted on a first come first served basis according to purpose. I expect reasonable delays and will conduct myself in a professional and courteous manner at all times while in the facility. If I am in the facility when the jail is entering routine lockdown times, I will conclude my business and exit the facility promptly. In the event of an emergency, I will await assistance or instructions from an officer. I will adhere to the policies and practices of the Clark County Sheriff's Office as they relate to the Federal Prison Rape Elimination Act, Public Law 108-79, except as otherwise required by law and the Rules of Professional Conduct. I have requested clarification from staff on my questions, and understand the Clark County Jail has a zero-tolerance policy clearly prohibiting any form of sexual activity.

I understand no firearms, chemicals or weapons of any kind (including but not limited to pocket knives, razorblades, and/or sharp objects) are allowed in the Clark County Law Enforcement Facility. I will not bring anything into the jail except for items required to complete the reason for entry, and understand that all items are subject to search (with the exception of legal paperwork). I understand any special equipment (including but not limited to; cell phones, cameras or recording devices) must be approved by a duty sergeant prior to entering the secured portion of the facility. I will not bring in, or allow an inmate to use ANY ITEM, without prior authorization from a duty sergeant. I understand that physical contact with inmates is not allowed at any time.

I swear I am of lawful age, and legally competent to sign this agreement and release, and understand the terms are binding. I understand that any authorization given may be revoked at any time, for any reason, and that all decisions are final. I agree to update the Jail Clearance Manager with any changes to the information stated above at least annually, and failure to report changes in information may be grounds to deny access.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OFFICIAL USE ONLY

<input type="checkbox"/> 28/29	<input type="checkbox"/> NCIC III	Contact Name _____	<input type="checkbox"/> Contact <i>JWC Only</i>
<input type="checkbox"/> DL State	<input type="checkbox"/> CMS	One Time <input type="checkbox"/>	<input type="checkbox"/> Non-Contact
<input type="checkbox"/> Supplemental Material	<input type="checkbox"/> EPR	Full Time <input type="checkbox"/>	<input type="checkbox"/> Accompanied
<input type="checkbox"/> CODE	DATE _____	Temporary <input type="checkbox"/>	<input type="checkbox"/> Escorted
RECORD UPDATED BY	AUTHORIZED BY _____	<input type="checkbox"/> <b>APPROVED</b>	
PSN & INITIALS	<input type="checkbox"/> <b>DENIED</b>		
DATE			