

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. **All information will be maintained confidentially, but must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A"
(CANDIDATE)

- (Check one)
- I am requesting a Single Facility Clearance Identify Facility _____
 - I am requesting a Multi-Facility Clearance (Circle all facilities that you require access to during clearance period)

ALB BEN CAM CBS CEN CHS COA DAL FRA FRS FYT GRA GRN HOU
(Camp Hill)
HUN LAU MAH MER MUN PIT PNG QBC RET ROC SMI SMR TRA WAM CCC

- I am requesting a Statewide Clearance (Access required at every DOC facility within the clearance period)

Category: (Check one)

- | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> VENDOR (Construction, Food delivery, Service, Repairs, IT, etc) | <input type="checkbox"/> COMMONWEALTH EMPLOYEE Employee # _____ |
| <input type="checkbox"/> CONTRACT SERVICE PROVIDER
(Medical, Mental Health, Therapeutic or Contract Chaplaincy) | <input type="checkbox"/> OFFICIAL VISITOR (PA Prison Society) |
| <input type="checkbox"/> VOLUNTEER PROGRAM | <input type="checkbox"/> OFFICIAL VISITOR (Govt) |
| <input type="checkbox"/> PUBLIC VISITOR (Ministry) | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> PUBLIC VISITOR (Government) | <input type="checkbox"/> INTERN/EXTERN |
| <input type="checkbox"/> PUBLIC VISITOR (Criminal Justice Agency) | <input type="checkbox"/> REENTRY SERVICES |
| <input type="checkbox"/> PUBLIC VISITOR (Entertainment, Activities, Sports, Guest Speaker) | <input type="checkbox"/> AGENCY TEMP SERVICES |
| | <input type="checkbox"/> OTHER (identify) _____ |

Initial Clearance Request:
Renewal Request:

Purpose of Visit _____

Organization/Agency/Company/Program Name: _____ Abbreviation if applicable (_____) _____

Subcontracted to: _____ Title or Position _____

Last Name _____ First Name _____ Complete Middle Name _____

List all previously used names : _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____ or

Passport # _____ Alien Registration # _____ Visa # _____

Sex _____ Race (circle) W B I A Height _____ ft _____ in Weight _____ lbs Eye Color _____ Hair Color _____

Current Address: _____, City _____, State _____ Zip Code _____

Prior Address: _____, City _____, State _____ Zip Code _____

Place of Birth _____, _____ E-mail Address _____ @ _____ . _____

Home Phone: () _____ - _____ Alternate Phone: () _____ - _____

Current Driver's License Info: State _____ Operator ID only license List OLN Number _____ Valid: Yes No

Previous Licenses (list all states & #'s that apply) State _____ Operator/Non-Operator Number _____

Identify names, relationships and locations of any relatives or close friends confined in any DOC Facility _____

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature

Date

SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member: _____ Emp #: _____ Date of Request _____

Describe Specific Event or Access: _____ Specific Period of Access Required _____

Security Office approving staff member signature _____ Emp # _____ Facility _____ Date _____



Consent to Release Information for Prison Rape Elimination Act Compliance

I, _____, having made application for a contract service with the Pennsylvania Department of Corrections (DOC), understand that the DOC must gather specific information about prior employment to comply with the Prison Rape Elimination Act. I hereby authorize the DOC to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the DOC. **(§115.17 [c][2], §115.217 [g])**

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the DOC and/or their subcontractors.

In consideration of this release, the DOC and their subcontractors shall regard all information obtained as confidential. I understand that the same shall not be released to any individual, including myself, or organization, absent good cause.

I agree that the DOC may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? NO YES If yes, this employment information must be submitted in writing to the DOC requestor along with the Centralized Clearance Check Information Request Form.

Applicant Signature

Date

Witness Signature

Date

DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE ALLOWING THE DEPARTMENT TO OBTAIN PERSONNEL/PERSONAL INFORMATION.

I, _____, having made application for a contract service with the Pennsylvania Department of Corrections (DOC), do not desire to sign the authorization stated above. I understand that the DOC may not hire an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to sign the above authorization will result in my being passed over for such employment.

Applicant Signature

Date

Witness Signature

Date

VOLUNTEER & INTERN APPLICATION – Pennsylvania Department of Corrections

1. I am applying to be a Department: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern			
2. LAST Name	3. FIRST Name	4. MIDDLE Name	
5. Complete HOME ADDRESS			
6. Home TEL ()	7. Alternate TEL ()		
8. EMAIL Address	9. Date of Birth / /	10. GENDER: Male (circle one) Female	
11. Endorsing Organization/school through which you will volunteer/intern in the DOC:			
Name	TEL ()	Contact:	
12. The facility(ies) in which I seek to volunteer/intern (please "x")			
<input type="checkbox"/> Albion	<input type="checkbox"/> Fayette	<input type="checkbox"/> Laurel Highlands	<input type="checkbox"/> Quehanna Boot Camp
<input type="checkbox"/> Benner Township	<input type="checkbox"/> Forest	<input type="checkbox"/> Mahanoy	<input type="checkbox"/> Retreat
<input type="checkbox"/> Cambridge Springs	<input type="checkbox"/> Frackville	<input type="checkbox"/> Mercer	<input type="checkbox"/> Rockview
<input type="checkbox"/> Camp Hill	<input type="checkbox"/> Graterford	<input type="checkbox"/> Muncy	<input type="checkbox"/> Smithfield
<input type="checkbox"/> Chester	<input type="checkbox"/> Greene	<input type="checkbox"/> Phoenix East	<input type="checkbox"/> Somerset
<input type="checkbox"/> Coal Township	<input type="checkbox"/> Greensburg	<input type="checkbox"/> Phoenix West	<input type="checkbox"/> Waymart
<input type="checkbox"/> Cresson	<input type="checkbox"/> Houtzdale	<input type="checkbox"/> Pine Grove	<input type="checkbox"/> Comm. Corrections Center
<input type="checkbox"/> Dallas	<input type="checkbox"/> Huntingdon	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Central Office
13. PREFERRED FACILITY= _____ . This will be your "home" facility which receives original documentation and the facility where you will receive security training and have a Photo ID badge taken.			
14. Desired Service Area (please "x")			
<input type="checkbox"/> Activities	<input type="checkbox"/> Psychology (interns only)		
<input type="checkbox"/> Alcohol and Other Drugs Programs <input type="checkbox"/> AA <input type="checkbox"/> Al-Anon <input type="checkbox"/> NA	<input type="checkbox"/> Reentry Programs		
<input type="checkbox"/> Alternatives to Violence	<input type="checkbox"/> Religious Services:		
<input type="checkbox"/> Art/Music/Sewing/Quilting	<input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish		
<input type="checkbox"/> Decision Making/End Violence	<input type="checkbox"/> Jehovah's Witnesses <input type="checkbox"/> Muslim		
<input type="checkbox"/> Dog Training	<input type="checkbox"/> Native American <input type="checkbox"/> Protestant		
<input type="checkbox"/> Education/Literacy/Inside-Out Class	<input type="checkbox"/> Hispanic Protestant		
<input type="checkbox"/> Gamblers Anonymous	<input type="checkbox"/> Other Religion: _____		
<input type="checkbox"/> Grief Support Group	<input type="checkbox"/> Security (interns only)		
<input type="checkbox"/> Hospice/End of Life Care	<input type="checkbox"/> Sexaholics Anonymous		
<input type="checkbox"/> Impact of Crime/Victim Stories	<input type="checkbox"/> Smoking Cessation		
<input type="checkbox"/> Lifers Groups	<input type="checkbox"/> Sports/Officiating		
<input type="checkbox"/> Long Term Offenders	<input type="checkbox"/> Unit Management (interns only)		
<input type="checkbox"/> Medical (interns only)	<input type="checkbox"/> Veterans Groups		
<input type="checkbox"/> Parenting/Birth Support	<input type="checkbox"/> Central Office _____		
	<input type="checkbox"/> OTHER _____		

CRIMINAL HISTORY (Please check)	No	Yes
15. Have you ever been arrested or convicted of any felony or misdemeanor?		
16. Have you ever been arrested/convicted of any firearms or explosives		

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual

Section 3 – Volunteer and Public Visitor Information

Attachment 3-C

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violations?		
17. Are you now under charges for any violation of the law?		
18. Have you ever been convicted by a military court-martial?		
19. Have you ever been confined in any jail, prison, or penal institution?		

If you responded yes to any question, 15-19, attach complete explanation on a separate page.

FAMILIARITY with INMATES. Inmate=any person incarcerated in a SCI or Boot Camp.		No	Yes		
20. Have you ever been denied permission to visit or correspond with a specific inmate(s) by a Department facility and/or do you have a Separation Order from any inmate(s) within the Department? If yes, attach complete details.					
21. Are any immediate family members, relatives, friends, or acquaintances currently inmates in a State Correctional Institution or the Boot Camp? If yes, complete below.					
Inmate's Name	DOC #	SCI	Your relationship to the inmate		
(1)					
(2)					
22. Other than family members, relatives, friends, or acquaintances listed in # 21, are you on any PA DOC inmate's phone list, visitors list or have you placed money on an inmate's account, or corresponded with any inmate in the DOC within the past five years? If yes, complete below:		No	Yes		
Inmate's Name	DOC #	On Phone List	On Visiting List	I Sent \$\$\$	I corresp. with
(1)					
(2)					
23. OFFENDER & EX-OFFENDER CONTACT. List any offenders or ex-offenders that you seek to or have sought to assist with community reintegration needs within the past year below:					
OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.	SCI from which released	OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.	SCI from which released		
(1)		(4)			
(2)		(5)			
(3)		(6)			

I voluntarily declare my desire to serve as a volunteer/intern in the Department. I give permission for the Department to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my being denied permission to volunteer/intern.

SIGNATURE of Applicant _____ DATE ____/____/____

Return this application, a Centralized Clearance Information Request Form (1.1.4. Attachment 4-A) and any other required documentation to the Volunteer and Internship Coordinator at the Preferred Facility indicated in # 13.

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

Attachment 3-C

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Volunteer & Internship Coordinator Recommendation

Department where volunteer/intern will serve: _____

Name of Immediate Staff Supervisor: _____

Rationale for need for this volunteer/intern: _____

Recommend Approval Do Not Recommend

Volunteer & Internship Coor. Signature _____ Date ____/____/____

Local Security Unit The individual named above:

PASSED Initial Clearance Check FAILED Initial Clearance Check

Local Security Signature _____ Date ____/____/____

Corrections Classification and Program Manager (CCPM) Recommendation

Recommend Approval Do Not Recommend

Comments: _____

CCPM Signature _____ Date ____/____/____

Deputy Superintendent for Centralized Services/Center Director Recommendation

Recommend Approval Do Not Recommend

Comments: _____

DSCS/Center Director Signature _____ Date ____/____/____

Facility Manager/Regional Director Final Approval

Approved Disapproved

Comments: _____

FM/Regional Director Signature _____ Date ____/____/____

Return completed original application to the Volunteer & Internship Coordinator for secure filing.

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted annually by volunteers, public visitors and interns to the Volunteer and Internship Coordinator at each facility in which the individual serves. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input type="checkbox"/> Public Visitor <input type="checkbox"/> Intern		2. Preferred Facility:				
3. Organization/School you represent:						
4. LAST Name		5. FIRST Name		6. MIDDLE Name		
7. Complete HOME ADDRESS						
8. Home TEL ()			9. Alternate TEL ()			
10. EMAIL Address				11. Date of Birth / /		
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model	Color	License #	
13. I have a medical condition which requires ready access to emergency medication.					Yes	No
14. I have a metal implant that may trigger the metal detector (circle).					Yes	No
15. EMERGENCY CONTACT	Name	Relationship	TEL	TEL (Alternate)		
			()	()		
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below <small>(Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):</small>						
NAME Of Offender/Ex-Offender		Last SCI	NAME Of Offender/Ex-Offender		Last SCI	
1)			3)			
2)			4)			

SECURITY CONSENT. I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
2. I assume all risks which may result from the normal operation of the facility;
3. No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
4. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
5. I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
6. I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
7. Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
8. Failure to bring a Department-issued ID Badge (Volunteers, Interns) or a Photo ID (Public Visitors) will result in my being denied access to the facility; I must wear a Department-issued ID Badge or a Visitor Badge visibly on my clothing at all times;
9. I am forbidden to enter any area of the facility other than the designated area for my area of service;
10. I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
11. I must wear conservative, non-revealing clothing;
12. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;

**1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Operation of Volunteer Programs**

Attachment 3-D

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13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me;
14. I am forbidden to hug inmates or to strike or lay hands on an inmate unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp;
16. I am forbidden to contact an inmate's family or give an inmate my contact information;
17. I am required to report if an inmate attempts to make outside contact with me by any medium;
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
 - i. Disclose on the Volunteer and Intern Application and on the Emergency Information and Security Consent Form the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s);
 - ii. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - iii. Maintain professional boundaries in relating to an offender or an ex-offender;
 - iv. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer and Internship Coordinator and the privilege of communicating with this individual outside approved programming opportunities available in the institution will cease;
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a Centralized Clearance Information Request Form, has since been incarcerated in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department, and I agree to abide by the rules and regulations of the Department as further explained in the Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E).

SIGNATURE _____ DATE ____/____/____

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

Attachment 3-D

Issued:
 Effective:

LETTER OF ENDORSEMENT BY ALCOHOLICS ANONYMOUS

TO WHOM IT MAY CONCERN:

_____, IS AN ACTIVE MEMBER IN GOOD
STANDING IN THIS GROUP.

(Home Group Secretary)

(Date)

(Home Group)
