

WASHINGTON COUNTY CORRECTIONAL FACILITY

VOLUNTEER CLEARANCE CHECK INFORMATION

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 check.** Falsification or omission of pertinent information will be considered as justification for disapproval.

Category: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> VENDOR (Construction, Food delivery, Service, Repairs, etc) | <input type="checkbox"/> OFFICIAL VISITOR (PA Prison Soc.) |
| <input type="checkbox"/> CONTRACT SERVICE PROVIDER (CSP) | <input type="checkbox"/> MENTOR PROGRAM |
| <input type="checkbox"/> VOLUNTEER PROGRAM | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> PUBLIC VISITOR (Religious Ministry) | <input type="checkbox"/> INMATE VISITOR (provide inmate # in purpose of visit field) |
| <input type="checkbox"/> PUBLIC VISITOR (Government, Criminal Justice Agency, etc) | |
| <input type="checkbox"/> PUBLIC VISITOR (Entertainment, Activities, Sports, Guest Speaker) | <input type="checkbox"/> OTHER (identify) _____ |
| <input type="checkbox"/> COMMONWEALTH EMPLOYEE | |

Initial Clearance Request:

Renewal Request:

Purpose of Visit _____

Organization/Agency/Company/ProgramName: _____
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: _____

Prior Address: _____

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

Signature _____ **Date** _____

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

Specific Event or Access: _____ **Period of Access Require** _____

Security Office approving staff member signature _____ **Facility** _____ **Date** _____