



Clark County Sheriff's Office Jail Clearance Application & Agreement

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PLEASE PRINT CLEARLY

OFFICIAL USE ONLY	
Date Rcvd	
Record No.	CODE

Last Name		First Name		M.I.	List any other names you have ever been known by			
Date of Birth (MM/DD/YY)	State of Birth	Social Security Number		Sex	Race	Height	Eyes	Are you a U.S. Citizen? If NO, attach copies of residency documentation
Mailing Address				City	State	Zip Code		
Driver License Number and State	Contact Phone	Cell Phone		E-mail Address				

Professional Visiting Hours 8:00 A.M. - 11:30 A.M. 11:30 - 1:00 P.M. CLOSED 1:00 P.M. - 4:30 P.M. 4:30 - 6:00 P.M. CLOSED 6:00 - 10:00 P.M. Volunteers please verify program times with the coordinator prior to arrival.	Specify purpose for clearance request, including the inmate name(s):	
	Employer or Program Representing	Position or Role

In addition to this application and agreement, please attach relevant supplemental materials for submission: * Copy of professional license or certification of qualifications * Copy of commission * Letter of appointment or written request from inmate's criminal counsel * Signed court order * Letter of referral from designated program coordinator	FAX or SCAN and EMAIL the COMPLETED and SIGNED Application/Agreement along with any supplementals to Jail Administration at: FAX: (360) 397-6010 OR (360) 759-6942 OR EMAIL: CNTYSHERIFF.JAILADMINISTRATION@CLARK.WA.GOV
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PLEASE READ AND SIGN BELOW

* I acknowledge and fully understand Professional Jail Clearance is granted to conduct professional business related matters only. I recognize I am not allowed to have contact with incarcerated friends or family members using a clearance granted for professional business or program participation purposes. Any contact I have with a friend or family member who may be incarcerated will be accomplished in accordance with standard inmate visiting rules and protocols, separate from this agreement. 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.

* I am aware that incomplete applications, and those lacking necessary supplemental materials (listed above) WILL NOT be processed. I agree to update the Jail Clearance Manager with my contact information at least annually, and failure to report changes may be grounds to deny access. I also understand clearance files are inactivated after one year of non-use, and destroyed after two. **I have had my questions and concerns addressed by a staff member prior to submitting this application and understand it may take approximately 10 days to process.**

* I 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 certify I am of lawful age and legally competent to sign this application. **I have read and agree to adhere to the terms of jail clearance as outlined in the accompanying Jail Clearance Agreement (page 2), and understand the terms are binding.** If I violate any part of this agreement, I understand any authorization for access privileges will be suspended or permanently revoked, and that all decisions are final. I understand that this agreement does not cease at such time as I am no longer involved with the Clark County Sheriff's Office. I am permanently bound by this agreement and the regulations governing it.

X

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SIGNATURE

DATE

OFFICIAL USE ONLY

<input type="checkbox"/> CMS	ACCESS TYPE <input type="checkbox"/> ONE <input type="checkbox"/> FULL <input type="checkbox"/> TEMP	<input type="checkbox"/> CONTACT	<input type="checkbox"/> MEDICAL AREA	<input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED
<input type="checkbox"/> EPR/RegJIN		<input type="checkbox"/> NON-CONTACT	<input type="checkbox"/> SERVICE AREA	
<input type="checkbox"/> SUPPLEMENTALS		<input type="checkbox"/> ACCOMPANIED	<input type="checkbox"/> PROGRAM ONLY	
<input type="checkbox"/> DL ST _____		<input type="checkbox"/> ESCORTED	<input type="checkbox"/> LIFELINE HLWY	
<input type="checkbox"/> NCICIII _____			<input type="checkbox"/> LAW LIBRARY	
		<input type="checkbox"/> H POD/JWC ONLY	AUTHORIZED BY _____	
		<input type="checkbox"/> UPDATE INFO ONLY	COMMENTS: _____	
		PROCESSED BY	DATE _____	
		INITIALS & PSN	NOTIFIED APPLICANT / CONTACT _____	
		DATE	DATE _____	
			PSN <input type="checkbox"/> EMAIL <input type="checkbox"/> CALL	

Jail Clearance Agreement

PLEASE READ AND SIGN BELOW

- * 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. Additionally, I will obey all instructions and commands given by the officers 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 adhere to the policies and practices of the Clark County Sheriff's Office as they relate to the **Federal Prison Rape Elimination Act (PREA), Public Law 108-79**, except as otherwise required by law and/or the A.B.A. 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 or harassment. I understand that any physical contact with inmates is strictly prohibited.
- * I will report to staff any time-sensitive information or observations obtained during the visit that have caused me to believe that an inmate is experiencing or has recently experienced a serious health or safety concern (suicidal/homicidal statements or ideation, sexual/physical victimization, reported/obvious health issue, etc.) while in custody.
- * I will bring valid government issued photo I.D. each time I visit the jail. I understand that I must exchange this I.D. for an issued visitors pass in order to enter the facility, and that the issued pass must be visible to jail staff at all times. I agree to wear the designated identification when inside the facility and will report any loss of identification or property immediately to the on duty Sergeant.
- * 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 understand no food, beverages or tobacco products are allowed in the building. I will not bring in contraband, leave any item unsecured or unattended (even in an interview room), or allow an inmate to use any item without prior staff authorization. I understand only necessary personal items are allowed in the facility and agree to secure all other items prior to entering the secured portion of the jail. If I am in the facility when the jail is entering routine lockdown times; I will conclude my business, gather my belongings, and exit the facility promptly. In the event of an emergency, I will await assistance or instructions from an officer.
- * I will not bring anything into the jail except 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; electronics, cell phones, cameras or recording devices) must be approved by a duty sergeant or above prior to entering the secured portion of the facility.
- * I will not buy, give, share, exchange, etc., any messages, money or contraband (any item, legal or illegal, brought into the facility without proper authority) to any offender in custody of the jail. I acknowledge that I could be criminally prosecuted for doing so.
- * I recognize that while in the facility there may arise situations which might result in exposure to danger or physical harm. I acknowledge these risks and understand I may elect a non-contact visiting area to conduct business.
- * I acknowledge that should I be injured while engaged in any authorized service while in the facility, I will obtain and submit a county accident form to the on duty Sergeant.
- * I acknowledge and understand that jail records of inmates are confidential and not subject to disclosure pursuant to RCW 70.48.100, except as authorized by law.
- * 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 A.B.A. Rules of Professional Conduct.
- * I understand that any unauthorized disclosure of inmate information may subject me to civil action and/or criminal prosecution, which is punishable by a fine of not more than \$500 in case of a first offense, and \$5000 in a case of each subsequent offense. 42CFR 2.4, 290ee-3(f), and 290dd-3(f).
- * I will not divulge, publish or otherwise make known to any unauthorized party, orally or in writing, any information concerning an inmate of this agency as prescribed in part by the Federal Confidentiality of Alcohol and Drug Regulations 42CFR Part 2. However, I will report to staff without delay, any condition, activity, or unusual behavior which may be illegal, dangerous, or potentially dangerous, except as otherwise required by law and/or A.B.A. Rules of Professional Conduct 1.6.
- * I will not discriminate in my duties on the basis of race, color, sex, religion, marital status, national origin, or the presence of any physical, mental or sensory handicap.
- * I will not report to the jail under the influence of drugs or alcohol. I understand I may share, but not attempt to persuade any offender to convert to my religious belief.

X

SIGNATURE

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DATE

