



CLARK COUNTY DEPARTMENT OF JAIL SERVICES JAIL CLEARANCE APPLICATION & AGREEMENT

PLEASE PRINT CLEARLY

Rev 01/23

Page 1 of 2

Last Name			First Name			M.I.	List any other names you have ever been known by				
Date of Birth (MM/DD/YYYY)		Birth State	Social Security Number			Race	Sex	Height	Weight	Hair	Eyes
Mailing Address <input type="checkbox"/> Work <input type="checkbox"/> Other						City		State	Zip Code		
Driver License Number	State	Phone <input type="checkbox"/> Work <input type="checkbox"/> Other		Phone <input type="checkbox"/> Work <input type="checkbox"/> Other		E-mail Address					
Purpose for access - <u>specify</u> applicable inmate(s), if applicable:				Employer, Program, or Project Representing			Your Position or Role				

<p style="text-align: center;">Return COMPLETED and SIGNED Application/Agreement AND REQUIRED supplemental materials to:</p> <p>EMAIL: cntyjailservicesadmin@clark.wa.gov FAX: (564) 397-6010 Drop Off: 707 W. 13th ST, Vancouver, WA 98660 Mail To: P.O. BOX 5000, Vancouver, WA 98666</p>	<p style="text-align: center;">PROVIDE APPLICABLE SUPPLEMENTAL MATERIALS</p> <ul style="list-style-type: none"> ▪ Valid government issued photo identification ▪ Professional license or certification of qualifications ▪ Court order, authorization from Indigent Defense or written request from counsel ▪ Employment identification or personal business card ▪ Copy of active Certification/Commission if LEO/Peace Officer ▪ Referral letter from designated employment or program coordinator 	<p style="text-align: center;">Professional Visiting Hours</p> <p style="text-align: center;">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.</p> <p style="text-align: center;">Hours may vary due to operational needs. Call (564) 397-4996 to verify.</p>
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PLEASE READ AND ACKNOWLEDGE UNDERSTANDING WITH SIGNATURES ON PAGES 1 & 2

- I am aware that incomplete applications, and those lacking required supplemental materials (listed above) WILL NOT be processed. I have had my questions and concerns addressed by a staff member prior to submitting this application and understand processing may take approximately 10 days. I agree to update Jail Services Administration with any changes to my contact information, at least annually.
- I shall bring valid government issued photo identification (ID ex. driver's license) each time I visit. At check-in, I understand I must exchange my ID for a visitor pass prior to accessing secured areas of the facility. I am aware that I may request to be placed in a visiting area more restrictive than the level for which I am eligible (ex. Non-Contact rather than direct Contact) for my own level of comfort and exposure to inmates. I agree to wear the issued pass and keep it visible to jail staff at all times. I agree to immediately report the loss of the pass, locker key(s), and/or personal property to a duty Sergeant.
- I acknowledge and fully understand clearance and facility access is only authorized for official business (employment and/or other professional purposes ie legal proceedings, court processes, health/welfare, safety/security, etc.), or preauthorized program or education engagement. I recognize I am not allowed to have contact with incarcerated friends or family members. Any contact I may have with incarcerated friends or family will be accomplished in accordance with standard inmate visiting rules and protocols, separate from this agreement, and I agree to notify the duty Sergeant immediately regarding potential conflicts that may arise. 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 and the facility's operational needs. I expect reasonable delays and shall conduct myself in a professional and courteous manner at all times.
- If I violate any part of this agreement, I understand authorization for access to the facility may be suspended or permanently revoked, and that all decisions are at the sole discretion of Jail Services Administration.
- I authorize the Clark County Dept. of Jail Services 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, or the legal guardian of the above named tour applicant.

X _____
 SIGNATURE 1 OF 2 DATE

OFFICIAL USE ONLY	<input type="checkbox"/> FULL <input type="checkbox"/> ONE <input type="checkbox"/> TEMP UNTIL _____ <input type="checkbox"/> AS NEEDED		<input type="checkbox"/> CONTACT <input type="checkbox"/> NON-CONTACT <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> ESCORTED TOUR <input type="checkbox"/> SEE COMMENTS		<input type="checkbox"/> MEDICAL <input type="checkbox"/> SERVICE AREA <input type="checkbox"/> H POD/JWC <input type="checkbox"/> LIFELINE HLWY		<input type="checkbox"/> TOUR <input type="checkbox"/> INTERN _____		<input type="checkbox"/> PROGRAMS - ALL <input type="checkbox"/> COURT <input type="checkbox"/> SCREEN <input type="checkbox"/> GRANT <input type="checkbox"/> SPONSOR		JMS ENTERED PSN & DATE	
	<input type="checkbox"/> DL <input type="checkbox"/> RMS/JMS LOCAL <input type="checkbox"/> NLETS/WACIC/WASIS/NCICIII/FORS SID/FBI/DOC # _____			<input type="checkbox"/> SUPPLEMENTALS <input type="checkbox"/> PROFESSIONAL CREDENTIAL <input type="checkbox"/> CJIS REQUIRED <input type="checkbox"/> ATTORNEY PHONE		CRIMINAL CHECK PSN & DATE		JMS UPDATE RECORD PSN & DATE		<input type="checkbox"/> APPLICANT <input type="checkbox"/> COORDINATOR <input type="checkbox"/> EMAIL <input type="checkbox"/> IN PERSON		NOTIFIED PSN & DATE
	RECEIVED DATE	<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE	<input type="checkbox"/> TOUR	APPROVED	DENIED	REVIEWER	DATE				

