

CLARK COUNTY DEPARTMENT OF JAIL SERVICES JAIL CLEARANCE APPLICATION & AGREEMENT

PLEASE PRINT CLEARLY

Rev 01/23

Page 1 of 2

Last Name					First Name					Ι.	List any other names you have ever been known by						
Date of Birth (MM/DD/YY	YY) Bi	rth State	Social	Secur	ity Numb	er		Race		Sex	Height V		Weight	Hair	Eyes		
Mailing Address Work Other	City					State				State	2	Zip Code					
Driver License Number	State	Phone Work				Pho □ w □ ot	ork	E-mail Address					ess				
Purpose for access - <u>specify</u> a	e: Employer, Program, or Project Representing Your Position or Role							⁻ Role									
Return COMPLETED and SIGNED Application/Agreement AND <u>REQUIRED</u> supplemental materials to: EMAIL: <u>cntyjailservicesadmin@clark.wa.gov</u> FAX: (564) 397-6010 Drop Off: 707 W. 13th ST, Vancouver, WA 98660 Mail To: P.O. BOX 5000, Vancouver, WA 98666					 PROVIDE APPLICABLE SUPPLEM Valid government issued photo ider Professional license or certification Court order, authorization from Ind written request from counsel Employment identification or perso Copy of active Certification/Commi Referral letter from designated emp program coordinator 					dentification on of qualifications Indigent Defense or rsonal business card imission if LEO/Peace Officer				8:00 / 11:30 - 1:00 4:30 - 6 6:0 Hours ope	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. Hours may vary due to operational needs. Call (564) 397-4996 to verify.		
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 <u>more</u> 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.

<u>X</u>	X												
SIGNATURE 10F2 DATE													
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FICIAL USE	DL RMS/JMS LOCAL NLETS/WACIC/WASIS/NCI SID/FBI/DOC #		CJIS REQUIRED CJIS REQUIRED ATTORNEY PHONE				CHECK PSN &		UPDATE ORD PSN & E	APPLICA COORDI EMAIL IN PERSO	NATOR	NOTIFIED PSN & DATE	
ОF	RECEIVED DATE				APPROVED	DEN	NIED	REVIEWER					DATE

PLEASE READ AND ACKNOWLEDGE UNDERSTANDING WITH SIGNATURE BELOW

• I understand the Clark County Jail (CCJ) will ensure that appropriate Auxiliary Aids and Services are made available to inmates, visitors, and other members of the public who interact with the CCJ, who have ADA or communication disabilities where such aids and services are necessary to ensure they may participate in or benefit from the CCJ's services, programs, or activities on an equal basis with others. I agree to notify staff and contact the agency's Effective Communication Coordinator to request accommodations, if necessary.

- I agree to abide by all laws, general orders/policies, rules, and regulations set forth by the Clark County Dept. of Jail Services and the State of Washington while in the facility. Additionally, I shall obey all instructions and commands given by the deputies 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 shall adhere to the policies and practices of the Clark County Dept. of Jail Services as they relate to the <u>Federal Prison Rape</u>. <u>Elimination Act (PREA), Public Law 108-79</u>, except as otherwise required by law or the rules of professional conduct as required by my profession. 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 acknowledge and understand that inmate information and records are confidential and not subject to disclosure pursuant to RCW 70.48.100, except as authorized by law. 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 agree to keep confidential anything I may observe while in the secured portion of the facility, except as otherwise required by law or the rules of professional conduct required by my profession. I shall 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 42CRF Part 2. However, I shall 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 or the rules of professional conduct as required by my profession.
- I shall 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 (ex. suicidal/homicidal statements or ideation, sexual/physical victimization, reported/obvious health issue, etc.) while in custody, except as prohibited by the Rules of Professional Conduct.
- 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 or Video visiting area at any time. I acknowledge that should I be injured while engaged in any authorized service while in the facility, I shall obtain and submit a Clark County accident form to the duty Sergeant. While in the jail, I agree to properly wear any/all personal protective equipment (PPE) necessary or required to limit potential exchange/exposure of myself/others to pathogens/hazardous materials I may introduce/encounter.
- I shall not bring weapons of any kind into the Clark County Jail or Law Enforcement Center (including but not limited to firearms, blades and/or sharp objects, unauthorized tools, chemicals, etc.). I understand weapons lockers are available to law enforcement personnel upon request.
- I shall not bring anything into secured or controlled areas except items required to complete the reason for entry and understand that all items, with the exception of legal paperwork, are subject to search. I understand all tools, equipment, or electronic devices must be disclosed and approved prior to entering, and loaning or use outside authorized channels or for purposes outside legitimate court reason is strictly prohibited. I shall not bring food, beverages, tobacco products, or controlled substances or drugs (legal or illegal) into the building. I shall 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 shall 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 shall not report to the jail under the influence of a controlled substance, drugs or alcohol. I shall dress according to standard visiting rules (appropriate fit/not transparent or revealing/skirts and shorts no higher than 3" above the knee, and footwear appropriate to the environment). 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 shall conclude my business, gather my belongings, and exit the facility promptly. In the event of an emergency, I shall await assistance and/or instructions from a deputy.
- I shall not discriminate in my duties on the basis of race, color, sexual orientation or gender identity, sex, religion, marital status, creed, honorably discharged veteran or military status, national origin, or the presence of any physical, mental or sensory disability.
- I understand I may share, but not attempt to persuade any offender to convert to my religious belief.
- I understand that this agreement does not cease at such time as I am no longer involved with the Clark County Dept. of Jail Services.
- I have read and agree to adhere to all terms for clearance as outlined in the accompanying Jail Clearance Agreement (page 2), and understand the terms are binding.