SANTA CRUZ COUNTY SHERIFF'S OFFICE
CORRECTIONS ACCESS APPLICATION & AGREEMENT

☐ **NEW**
☐ **RENEWAL**

Instructions: 1) Complete application in full 2) Attach a copy of government issued ID to application 3) Director is responsible for reviewing and submitting completed application 4) New program providers must attend Inmate Programs Orientation to complete clearance process

APPLICANT: PERSONAL INFORMATION

Last Name: _____ **First Name:** _____ **MI:** _____ **DOB:** _____(MM/DD/YY)

Driver's License or Government Issued Identification #: _____

Residence Address: _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Have you been arrested in the past 5 years? ☐NO ☐YES (If YES list date and circumstances of arrest on line below)

_____

Are you on Probation, Parole or PRCS? ☐NO ☐YES (If YES list status of probation/parole/PRCS on line below)

_____

APPLICANT: PLEASE READ AND SIGN BELOW

I understand that Corrections Access is granted to conduct professional business related matters only. I understand that I am not to use Corrections Access to have contact with incarcerated friends or family members. Any contact I have with an incarcerated friend of family member must be in accordance with standard inmate visiting rules and protocols separate from this agreement.

I authorize the Sheriff's Office to complete a full criminal history check and any applicable background investigation in order to obtain and maintain authorization to access the secured portion of the correctional facilities. I verify that the information provided on this form is true and accurate. I understand that failure to provide true and accurate information can result in disqualification.

I have read, understand, and agree to follow policies and procedures outlined on Page #2 of this agreement. I understand that any misconduct or violation of Sheriff's Office facility rules, or failure to comply with the directions of Sheriff's Office personnel could result in my immediate removal from Sheriff's Office facilities, denial of future access, and/or arrest and prosecution.

I agree to update the information on this application as needed. I understand that this application will expire a year from the date approved. I understand that I must submit a completed Corrections Access Application and copy of government issued identification prior to my clearance expiration date to avoid inconvenience.

Applicants Signature: _____ **Date:** _____

DIRECTOR: PURPOSE FOR CORRECTIONS ACCESS REQUEST

Organization/Business Representing: _____ **Class:** _____

Required Supplies: _____

Director's Name: _____ **Email:** _____ **Phone:** _____

Signature below indicates that the Organization/Business Director is referring this applicant for corrections access and agrees to appropriately train and supervise staff/volunteers providing services in the Santa Cruz County Corrections Facilities in alignment with the Corrections Access Agreements.

Director: Print Name: _____ **Signature** _____**Date** _____

FOR OFFICIAL USE ONLY (Update 1-12-17)

Clearance Duration: ☐1 Day (Date)_____ ☐0-30 days ☐30-60 days ☐60-90 days ☐90-120 days ☐Annual

Category/Type: _____ Facility Access: ☐Blaine St. ☐Main ☐Rountree ☐All Facilities

Application reviewed by facility supervisor: _____ Date: _____

Background Check:

DMV CURRENT	YES	NO	FELONIES (LAST 5 YRS)	YES	NO	PROBATION	YES	NO
CRIMINAL HISTORY	YES	NO	MISDEMEANOR (LAST 5 YRS)	YES	NO	PAROLE	YES	NO
OTHER _____			WARRANTS	YES	NO	PRCS	YES	NO

Completed By: _____ Date: _____ Facility Commander: _____ Date: _____

☐Facility Access Denied: _____

Date Entered: _____ Entered by: _____ Exp. Date: _____ Orientation Registered for: _____ Oriented on:_____ by: _____

SANTA CRUZ COUNTY SHERIFF'S OFFICE (SCSO) CORRECTIONS ACCESS AGREEMENTS

Initials and signature below indicate that the applicant has read, understands and agrees to abide by the policies and procedures outlined in the SCSO Corrections Access Agreement and the Inmate Programs Handbook*.

You must be at least 18 years old to receive corrections access. Access to adult correctional facilities shall be at the sole discretion of the Sheriff's Office personnel. The Sheriff's Office maintains the right to refuse or revoke clearance at their discretion at any time. Entrance into a correctional facility may place you in danger and your personal safety is not guaranteed. The Sheriff's Office does not recognize the taking of hostages as a reason to relinquish control of a correctional facility.

____ I understand that SCSO will run a background check for all persons who apply for access to facilities. I understand that the following are reasons for denial: 1) Any pending felony or misdemeanor case 2) Any felony conviction within the last five years 3) Any misdemeanor conviction within the last three years may be cause for disqualification and will be taken on a case-by-case basis 4) Any information that indicates the person may threaten the safety of any person or the security of any facility 5) Lack of legitimate need for access to the security areas of facilities 6) The organization has an excessive number of persons who may access facilities. I understand that the following are reasons for suspension and/or revocation of jail clearance: 1) New charges of a crime 2) Failure to comply with Safety Rules 3) Violation the Code of Conduct or behaving in a way deemed unfit by corrections staff.

____ I understand that entrance into the facilities may be delayed or cancelled without notice.

____ I will not enter facilities while under the influence of illegal drugs, alcohol, or medication that impairs judgment.

____ I understand that the following items are considered "contraband" and I am prohibited from bringing them into the facilities:

- Personal items including: Keys, purses, backpacks, bags, wallets, cash, bobby pins
- Weapons of any kind, replicas including: Firearms, ammunition, knives, chemical sprays or explosives
- Flammable materials including: Matches, lighters, candles, incense, and smudge
- Drugs including: Prescription medication, over the counter medication, illegal drugs, alcohol or tobacco
- Electronic devices including: Cell phone, camera, pager, audio or video recorder, computer, tablet (only if pre-approved)
- Class supplies including: Binders/folders with metal binding, paper clips, scissors, standard pens. NO staples at Main Jail.
- Food: No food of any kind is to be brought into the facility. Prior approval is required for communion "wine."

____ I agree to visibly wear a visitor badge at all times.

____ I understand I must be appropriately dressed to enter the facilities and will abide by the dress code. Correctional Officer will determine the appropriateness of clothing and accessories.

____ I understand that I am subject to search of my person and belongings.

____ I understand that while in the facilities conversations may be monitored or recorded.

____ I agree to only communicate with inmates whom I have approved business with.

____ I agree to only go where regular business requires me to go.

____ I will not discriminate in duties on the basis of race, color, sex, religion, marital status, national origin, or the presence of any physical, mental or sensory handicap.

____ I agree to uphold the Prison Rape Elimination Act (PREA): The SCSO and the Correctional Division holds a zero-tolerance policy for sexual abuse and sexual harassment of inmates; and support an environment which honors the Inmates' right to be free from sexual abuse and sexual harassment; including inappropriate relationships with inmates and volunteers.

____ I agree to maintain appropriate professional relationships with program participants while incarcerated and in the community. I understand that I cannot provide services to relatives or friends or persons with whom they have an existing or previous sexual and/or romantic interaction or relationship and will refer them to another service provider. I understand that I may not develop personal relationships with inmates including friendships or sexual and/or romantic interactions or relationships with former clients (their romantic partners, or their family members) for a period of 3 years following last professional contact. If I do develop a personal relationship with a former inmate I will stop providing in-custody programs. I will not go to the home of a former inmate or allow them to come to my home upon release.

____ I will be mindful of appropriate physical space. I will not have physical contact with an inmate, only handshake or pat on back.

____ I understand that I cannot give anything or take anything from an inmate without the express permission of corrections personnel.

____ I agree to not buy, give, share, promise, or exchange messages, money or contraband with inmates. I will not "put money on the books" for an inmate.

____ I will not pass on verbal or written messages or contraband, between inmates and/or to community members.

____ I agree that I will not write letters of reference/support on behalf of an inmate or appear in court as a support.

____ I agree to follow all instructions given by Correctional Officers.

____ I will report information that jeopardizes the safety of any person or the security of the institution to Corrections Staff immediately.

Print Name: _____ Signature _____ Date _____

*A copy of the Inmate Programs Handbook will be given to each program staff/volunteer at the mandatory Inmate Programs Orientation required for Corrections Access. The handbook is also posted on line at the Sheriff's Office Website (www.scsheriff.com) for reference.