

Background PREA Pic Accepted Declined

Application received by _____

Spillman name # (if available): _____

Cowlitz County Jail Security Clearance Application

**Please note: The following is a list of automatic disqualifiers for security clearance. There may be additional factors that are grounds for disqualification which are not on this list. If security clearance is denied, the reason may not be disclosed.

- Minimum age for clearance is 18; exceptions may be granted for educational/job interest purposes.
- Presence of an outstanding warrant or pending criminal charges.
- Current or recent use of illegal drugs.
- Felony convictions within the last 5 years.
- Misdemeanor convictions within the last 2 years will need approval from Administration
- Current or recent (within 2 years) probation.
- Refusal to answer any question on this application.
- **Failure to provide a copy of a valid driver's license or photo ID. The jail does not provide photo copy services.**

Type of Clearance

(Check the applicable box and complete additional information as requested)

- Professional/Pastoral Visits:
Affiliated Agency/Facility Name: _____
- Volunteer (AA/NA/Religious)
Affiliated Agency/Facility Name: _____
- Educational Purposes:
Affiliated School/Facility Name: _____
- Contract Employee:
Contract Agency Name: _____

Personal Information/Contact Information

(All applicants complete this section)

NAME: _ (Last) (First) (Middle) (Suffix)

List any other names used; include maiden: _

Date of Birth: Driver's License #: U.S. Citizen: YES NO

Physical Address: _ (Street/Apt#/Space#)

(City) (State) (Zip)

Mailing Address: Same _ (Street/Apt#/Space#/PO Box#)

(City) (State) (Zip)

Home Phone: Cell Phone: _
(Include Area Code) (Include Area Code)

Email Address: _

Arrest/Drug History
(All applicants complete this section)

1.) Have you been cited, arrested, convicted, charged or questioned for any offense, violation of any State statute or Local ordinance, law or regulation by any Civil, Criminal or Military authority? (Include Juvenile history)

NO YES, list details below:

Date:	City/State:	Arresting/Citing Agency:	Charge:	Court Outcome:

Background Information

(Only required if requesting access to inmate areas or direct inmate contact; If not, proceed to "Facility Guidelines")

2.) Have you applied for security clearance within the last three years (Volunteer or Paid)?:

NO YES, explain details: _

3.) Have you ever volunteered at another correctional facility?

NO YES, explain details: _

4.) Do you have any special experience that would benefit you as a volunteer?

NO YES, explain details: _

5.) Have any relatives been incarcerated or currently incarcerated in Cowlitz County?

NO YES, explain details: _

6.) Are you currently associated or corresponding with anyone confined in a correctional facility or on probation?

NO YES, explain details: _

7.) Would you have difficulty working with members of another sex, race, religion, nationality, or sexual orientation?

NO YES, explain details: _

8.) Would you have any objection following direct orders from corrections staff; even if you disagreed with them?

NO YES, explain details: _

9.) Are you now or have you been on court ordered supervision or probation?

NO YES, explain details: _

10.) Have you used illegal drugs within the last 10 years?

NO YES, explain details: _

11.) Do you have any medical conditions you would like us to be aware of in case of an emergency?

NO YES, explain details:

12.) Do you have knowledge of additional information, which is or may be relevant to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, training, experience, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations or residence?

NO YES, explain details:

Facility Guidelines

(For application to access facility or direct contact with inmates)

Safety and security are the highest of priorities within the jail. You are required to abide by the following guidelines when in the facility. Failure to comply will result in immediate removal from the facility and revocation of your security clearance.

- Introduction of contraband is a punishable offense under RCW 9a.76.140, 150, & 160. ANYTHING not issued or allowed by Jail Staff is contraband; this includes (but not limited to) pens, pencils or other seemingly harmless items. Absolutely nothing is to be given to inmates without approval from a jail supervisor or administrator. Violations may be referred for prosecution.
- The use of cameras, both video and still imagery and/or audio recording is prohibited. Exceptions can be made with approval from Administrative staff.
- One-on-One contact with relatives or friends incarcerated within the facility will not be allowed.
- If found to be under the influence of drugs or alcohol; you will be denied entry.
- Jail staff have complete authority in the facility; compliance with any directive given is expected.
- If there is an emergency within the facility, you will be denied entrance and/or escorted safely out of the building.

I agree to conform to all rules and regulations of the Cowlitz County Jail and to comply with all staff orders and directions. I am aware that the facility houses inmates that may be violent or have violent tendencies and I assume all risk inherent with coming into contact with such individuals within the facility.

I understand if my application is accepted, my duties will involve working directly with inmates confined in the facility. I understand I will be working directly and at times by myself with inmates. I understand reasonable measures will be taken to assure my personal safety and there is an inherent risk associated with this position.

Further, I understand this position requires confidentiality. I will be expected to not share details of my private/family life with inmates, or share information I may gain from my position within the facility, specifically, facility operations, personnel, individual case information, etc.

If I become aware of a friend or relative being incarcerated in the Cowlitz County Jail, I will notify Administration or the on duty Sergeant.

I hereby certify the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand knowingly and willfully making false statements on this form constitutes a violation of the law, and will cause me to be ineligible for volunteering within the Cowlitz County Jail. I further understand the contents of this application will be subject to verification and will be kept confidential within said agency.

In consideration for being permitted entry to the Cowlitz County Jail, I hereby release and forever discharge Cowlitz County and its agencies, appointed and elected officials, departments, agents, employees, representatives, assigns, insurers, attorneys, and successors, from any and all claims, demands, damages, costs, attorney fees, expenses, liens, actions or causes of action, whether as result of damage to property, bodily injury, or death, growing out of or in any way related to the injuries and/or damages I may suffer while in the Cowlitz County Jail.

I understand my security clearance to participate in a volunteer capacity may be limited or rescinded at any time, for any reason, by the staff of the Cowlitz County Jail.

I HAVE COMPLETED, READ, UNDERSTOOD AND AGREE TO THE ABOVE SECTIONS.

Signature: _____

Date: _____

NOTE: A copy of a valid driver's license or photo ID must accompany this application