



PACIFIC COUNTY SHERIFF'S OFFICE

Sheriff Scott L. Johnson

300 Memorial Drive, P.O. Box 27, South Bend, WA 98586 | Phone 360.875.9395 | Fax 360.875.9393

Pacific County Jail Security Clearance Application

Please be aware that any of the following are automatic disqualification for a security clearance. However, these are not the only factors which will be considered in determining eligibility. If security clearance is denied, the reason may not be disclosed.

- No one under 21 years of age. (Exceptions may be considered for education related projects)
- No Outstanding Warrants or pending criminal charges
- No current or recent drug use
- No felony convictions within the past 5 years.
- No incarcerations in a correctional facility in the last 5 years.
- No criminal behavior in the last 5 years.
- Not on probation within the last 5 years.

Mark appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Religious (in-house volunteer) | <input type="checkbox"/> Pastoral Visit (though glass will need Credentials) |
| <input type="checkbox"/> Narcotics Anon. | <input type="checkbox"/> Alcoholics Anon. |
| <input type="checkbox"/> Education Project (Hours Needed ____) | |
| <input type="checkbox"/> Employment Job Shadow | |
| <input type="checkbox"/> Contract Employee (Name of Employing Agency _____) | |
| <input type="checkbox"/> Other _____ | |

Name: _____
Last First Middle (Jr/Sr)

List Other Names Used, including maiden: _____

U.S. Citizen Yes No

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Legal Address: Street: _____ City: _____

State: _____ Zip: _____

Mailing Address: Street: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____ Cell Phone: () _____

Employer: _____ Employer Contact: _____

In case of Emergency, Notify: _____ Phone: () _____

References

List 3 personal references (not relatives) that have known you well during the last five years.

Name: _____ Street: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail _____

Relationship: _____ How Long? _____

Name: _____ Street: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail _____

Relationship: _____ How Long? _____

Name: _____ Street: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail _____

Relationship: _____ How Long? _____

Arrest History

Please fill out the following information accurately and completely.

Have you ever been cited, arrested, convicted, charged or questioned for any offense, violation or any statute or ordinance, law or regulation by any civil or military authority? (Include any convictions or adjudications as a juvenile.)

Yes No If yes, describe below:

Date	Location	Arresting/ Citing Agency	Charge/Citation	Court/ Citation Results

Personal Information

Please answer the following yes or no questions. If your answer is yes, please explain below in the space provided.

Have you applied for a security clearance within the last three years (volunteer or paid)?

Yes No

If yes, details: _____

Have you ever volunteered at another correctional facility?

Yes No

If yes, list: _____

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

Yes No

If yes, describe: _____

Are any relatives of you or your spouse currently incarcerated in the Pacific County Jail?

Yes No

If yes, details: _____

Have you ever had any friends or relatives in the Pacific County Jail or are you currently associated with or corresponding with any one in a confinement facility, or on any program or mandatory guidance?

Yes No

If yes, details including names: _____

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

Yes No

If yes, details: _____

Would you be able to follow direct orders even if you did not agree with them?

Yes No

If no, details: _____

Have you ever been or are you currently on court supervision or probation?

Yes No

If yes, details: _____

Have you ever used illegal drugs?

Yes No

If yes, list drug and date used: _____

In the event of an emergency, is there medical information you would like us to be aware of to give to care providers in case of an emergency? _____

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?

Yes No

If yes, provide information below:

Prison Rape Elimination Act (PREA):

The Prison Rape Elimination Act (PREA) is a federal law enacted and signed into law in 2003 for the purpose of establishing a zero tolerance standard for the incidents of rape and sexual misconduct in prisons and local jail detention facilities. PREA requires that the prevention of prison rape and sexual misconduct will be a top priority in prisons, police lock-ups, local jails and juvenile detention facilities.

It requires the development and implementation of national standards for the detention, prevention, reduction and punishment of prison rape and sexual misconduct. You are required to report any witnessed violations of PREA.

PREA & Custodial Sexual Misconduct

Sexual contact in any form between staff and inmates is a violation of PREA. This not only applies to inmates in custody but also to those who may be in transition between custody levels, such as in Drug Court, under treatment, in transitional housing and/or under probation, parole and post-prison supervision. It also applies to same sex, as well as opposite sex, encounters. There is no such thing as consensual sex between staff and inmates. Sexual assault/misconduct between inmates is also a PREA violation. The Pacific County Sheriff's Office (PCSO) is committed to a zero tolerance standard for the sexual misconduct or sexual assault of inmates under its authority. The PCSO will aggressively respond, investigate and support the prosecution of such misconduct.

You are in a position of authority and respect similar to a corrections staff member. As such, you can be in violation of PREA and prosecuted for Custodial Sexual Misconduct if you have sexual contact with an inmate. This is a serious offense that can result in prosecution and punishment as a felony, such punishment carries a substantial prison sentence. In addition to maintaining your own high standards of behavior, you also have an obligation to act and make notification if you think an inmate is being abused by staff, other inmates or other professional visitors. If you fail to report an incident, you may be found to have acted with deliberate indifference toward the victim's health and/or safety.

Maintain your professionalism. Listen and write down the information, then report it to a Correction Officer. You may be asked to write a report and speak with an investigator. If you do not feel safe discussing this with staff on duty, you should contact the Chief Criminal Deputy and Sheriff.

You are being asked to review this material to ensure that everyone who comes in contact with inmates under the authority of the Pacific County Sheriff's Office are aware of PREA and its importance. Your service is greatly appreciated and this form is not meant to be accusatory or negative toward any profession.

Safety and security are the highest priorities of the facility. In relation to those priorities, you are required to be aware of and comply with the following:

CONTRABAND

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 pens, pencils or other seemingly harmless items.

Absolutely nothing is to be given to prisoners unless approved by Jail staff. Maximum punishment is 10 years plus a \$20,000 fine.

The usage of cameras and/or tape recorders is not authorized. Cellular phones will not be permitted past the reception area. You will not be allowed to give anything to any inmate without prior authorization from

a facility supervisor. A violation of this rule will be immediate grounds for removing your name from the authorized access list, which will result in termination of volunteer status.

Individuals under the influence of alcohol or drugs will be denied entry. A violation of this rule will be immediate grounds for removing your name from the authorized access list, which will result in termination of volunteer status.

NATURE OF WORK

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 Pacific County Jail, I will notify the Sergeant or Corrections Officer on duty immediately.

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 Pacific 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 Pacific County Jail, I hereby release and forever discharge Pacific 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 a 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 Pacific 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 Pacific County Jail. If this were to occur, I will be notified in writing.

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

DATE: _____

SIGNATURE: _____

If requesting a minor exemption (under 18 yrs.) for an educational project, the approving legal parent or guardian must sign below authorizing the above listed minor to observe in our facility.

In consideration for permitting my minor child or ward entry to the Pacific County Jail, I hereby release and forever discharge Pacific 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 a result of damage to property, bodily injury, or death, growing out of or in any way related to the injuries and/or damages he or she may suffer while in the Pacific County Jail.

DATE: _____

SIGNATURE PARENT/GUARDIAN _____

For Agency Use Only

Do not write below this line.

Date

Receiving Staff

Approved Denied (Reason): _____

Date

Corrections Sergeant

Approved Denied (Reason): _____

Date

Chief Deputy