

**Pinellas County Sheriff's Office
Department of Detention and Corrections
Support Services Division**

Jail Access Application

Volunteer/Clergy/Practitioner/Contractor/County

FOR OFFICIAL USE ONLY	
Section: _____	
Date Application Received: _____	
Date Approved: _____	Date Denied: _____
Supervisor Signature & Payroll Number: _____	
Applicant Organization/Affiliation: _____	
Facility Function: _____	
Notes: _____	

**Incomplete or omitted information will negatively affect your application.
Please fill out completely.**

APPLICANT INFORMATION (PLEASE PRINT)			
Date:			
Name (Last/First/MI):			
Maiden or Alias Name(s):			
DOB:	City & State of Birth:		
Sex:	Race:	SSN:	
Driver's License No:		State of Driver's License:	
PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION			
Home Address:			Apt. No.
City/State/Zip Code:			
Phone:		Alt Phone:	
Work Email:		Personal Email:	

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EMERGENCY CONTACT INFORMATION	
Full Name (Last, First, MI):	
Address:	
City/State/Zip Code:	
Phone:	Alt. Phone:
Relationship:	
ORGANIZATION INFORMATION	
Please circle one:	
Chaplain Practitioner (Paid Position)	
Chaplain Religious Volunteer	
County Employee Liaison to Inmate Work Crew	
Contractor	
Program Services Practitioner (Paid Position)	
Program Services Volunteer	
If you circled Practitioner, will you be a contract employee with PCSO? Yes or No	
List your Agency, Volunteer Organization, or Church Information below:	
Name of Agency/Organization:	
Title of Program:	
Supervisor, Coordinator, or Pastor's Name and Title: _____	
Supervisor Phone: _____	
Supervisor Email: _____	
Supervisor must sign Supervisor/Volunteer Coordinator Agreement section and have signature notarized (see page 7).	
Agency/Organization Address:	
City/State/Zip Code:	
Agency Phone:	Agency Fax:
Is Agency/Organization a 501 (c) (3)? Circle one: Yes or No	
Number of jail visits per week: -or- Number of jail visits per month:	
Statement of Purpose:	
Please include your job title and describe your statement of purpose to support your application and the types of services you want to provide. If program/class has a syllabus or curriculum, please attach. Use additional pages if needed.	
Job Title:	
Statement of Purpose/Responsibilities:	

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SCREENING INFORMATION				
Are you a citizen of the United States? Circle one: Yes or No				
If no, are you authorized to work in the United States? Circle one: Yes or No If applicant is not a citizen, Naturalization papers or Green Card will need to be present.				
Have you previously submitted an application for jail access? Circle one: Yes or No If yes, when? _____				
Were you previously denied jail access? Circle one: Yes or No				
Have you ever engaged in sexual abuse or sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Circle one: Yes or No. If yes, please explain:				
Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Circle one: Yes or No. If yes, please explain:				
Have you ever been civilly or administratively adjudicated to have engaged in any activity described above? Circle one: Yes or No. If yes, please explain:				
Do you have any pending/unresolved or current activity within the criminal justice system? Circle one: Yes or No. If yes, please explain:				
Have you ever been arrested, adjudicated, adjudication withheld on any misdemeanor or felony? Circle one: Yes or No DO NOT LEAVE BLANK				
If yes, please list charges below. You may use additional pages if needed.				
Date	Charge(s)	City/State	Police Agency	Court Disposition

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GUIDELINES

As a Volunteer, Clergy, Practitioner, and/or County employee, I agree to abide by the following guidelines:

- Maintain a cooperative working relationship with facility staff through compliance with security procedures and decisions of the DDC Commander or designee.
- Notify facility staff immediately of any unusual occurrences.
- No items will be distributed to an inmate without the prior approval of the DDC Commander or designee.
- Relationships with individuals incarcerated will be restricted to a professional nature. Clearance status will not be used for personal visits at the jail for anyone.
- No items will be distributed to an inmate without the prior approval of the Facility Commander or designee. ***Any items not issued or approved for inmate retention, or approved items that may have been altered are considered contraband at the facility. Common examples of contraband that a Volunteer/Practitioner may be asked for include pens, pencils, markers, food items, etc.***
- No items of value or messages will be accepted or exchanged from inmates or their families/friends.
- Jail access is restricted to authorized locations and approved hours.
- Modest and appropriate attire for the correctional environment is required.
- Understand jail access status may change or later be terminated if:
 1. The program is discontinued,
 2. I am no longer affiliated with the program,
 3. I am no longer employed with the agency on record, or
 4. My status is revoked, deemed inactive, or banned by the jail.

Florida Statutes 951.22 - County detention facilities; contraband articles:

(1) It is unlawful, except through regular channels as duly authorized by the sheriff or officer in charge, to introduce into or possess upon the grounds of any county detention facility as defined in s. 951.23 or to give to or receive from any inmate of any such facility wherever said inmate is located at the time or to take or to attempt to take or send therefrom any of the following articles which are hereby declared to be contraband for the purposes of this act, to wit: Any written or recorded communication; any currency or coin; any article of food or clothing; any tobacco products as defined in s. 210.25(11); any cigarette as defined in s. 210.01(1); any cigar; any intoxicating beverage or beverage which causes or may cause an intoxicating effect; any narcotic, hypnotic, or excitative drug or drug of any kind or nature, including nasal inhalators, sleeping pills, barbiturates, and controlled substances as defined in s. 893.02(4); any firearm or any instrumentality customarily used or which is intended to be used as a dangerous weapon; and any instrumentality of any nature that may be or is intended to be used as an aid in effecting or attempting to effect an escape from a county facility.

(2) Whoever violates subsection (1) shall be guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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PRISON RAPE ELIMINATION ACT (PREA) GUIDELINES

PREA is a Federal law created to address the problem of sexual abuse and misconduct in all correctional facilities. PREA applies to federal, state, and local institutions. This includes prisons, jails, court holding facilities, police lockups, immigration detention facilities, military holding facilities, and community correctional settings. Additionally, PREA applies across the board to both public and private facilities as well as adult and juvenile facilities.

FLORIDA STATE STATUTE 944.35

Any employee of the department who engages in sexual misconduct with an inmate or an offender supervised by the department in the community, without committing the crime of sexual battery, commits a felony of the third degree.

Any employee required to report pursuant to this section who knowingly or willfully prevents another person from doing so, commits a misdemeanor of the first degree.

Any incident of sexual abuse and/or sexual misconduct must be reported immediately.

DUTY TO UPHOLD THE LAW AND REPORT

As a Volunteer, Clergy or Practitioner with the Pinellas County Sheriff's Office, Department of Detention and Corrections, you are mandated to uphold and be compliant with PCSO's zero tolerance policy of all forms of sexual abuse of inmates by: other inmates; staff; practitioners; volunteers; contractors; or individuals having responsibility for the safety, security, care and/or treatment of inmates. You have a duty to report incidents where staff, practitioners, volunteers or contractors are sexually involved with or sexually harassing an inmate.

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DISCLAIMER AND APPLICANT SIGNATURE

I _____, being duly sworn, depose and say I am the above-named person. I affirm that all questions have been fully answered and attest that each and every answer is true and correct in every respect.

I hereby release the Pinellas County Sheriff's Office, its Officers, Agents and Employers from any and all liability for any injuries and damages that may be incurred.

Signature: _____ Date: _____

(Applicant sign here in presence of Notary Public)

Witness: _____

State of Florida, Pinellas County:

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization this ____ day of _____, 20____ A. D. by

_____, who is personally known to me or has produced

the following identification: _____.

Notary Signature: _____

Commission Expires/Seal:

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SUPERVISOR/VOLUNTEER COORDINATOR AGREEMENT AND SIGNATURE (If Applicable)

I, _____, (supervisor print name here), as the applicant's supervisor, concur with the statement of purpose and the description of services that will be provided at the jail. If the applicant is granted Practitioner or Volunteer status, it is the responsibility of both our agency and the applicant to notify PCSO-PCJ when:

- 1) The nature of the program changes,
- 2) The program is discontinued,
- 3) The applicant is no longer affiliated with the program, or
- 4) The applicant is no longer under our employ.

I, _____, (supervisor print name here) being duly sworn, depose and say I am the above-named person.

I hereby release the Pinellas County Sheriff's Office, its Officers, Agents and Employers from any and all liability for any injuries and damages that may be incurred.

Signature: _____ Date: _____
(Supervisor sign here in presence of Notary Public)

Witness: _____

State of Florida, Pinellas County:

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization this ____ day of _____, 20____ A. D. by

_____, who is personally known to me or has produced

the following identification: _____.

Notary Signature: _____

Commission Expires/Seal: