Please include a CLEAR photocopy of your current valid driver's license or a copy of any current valid photo identification document with this application.
PLEASE WRITE CLEARLY AND COMPLETE ALL INFORMATION.

APPLICATION Form

Professional Visitor or Community Volunteer

FOR OFFICIAL USE ONLY	ID	Update
Communication		
Weekly Schedule		
Individual Visits		
Availability		
Requester of the clearance	CHAPLAINCY	

GENERAL INFORMATION

Last Name
First Name Middle Name(s)
Social Security number
Driver's License number
Address
City State Zip
Cell Phone Home Phone
Email
Date of Birth (mm dd yyyy) Gender

AFFILIATION

Organization
Address
City State Zip
Contact Person / Group Leader Phone

BACKGROUND

1. If you answer *yes* on any of the following questions, please provide the *question number*, *when*, *where*, *reason*, and *duration* in the space provided below this question.

Have you ever been incarcerated? No___ Yes___
Have you ever worked with inmates at other Correctional Facilities? No ___ Yes__
Have you ever had any friends or relatives incarcerated at Chester County Prison? No__ Yes__

2. Are you on probation or parole? No__ Yes__
If yes, please name the agency:

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3. Did you ever have any friends or relatives who are/were victims of an inmate incarcerated at Chester County Prison?
No__ Yes__ If yes, please provide:

When

Full Name of Individual

Full Name of Inmate

VOLUNTEER ONLY

1. What do you hope to achieve by volunteering your time and/or your professional services to the Chester County Prison?

I understand that failure to complete any portion of this application and/ or the supplying of any false inaccurate information may result in denial of this application. I hereby agree to abide by all rules and regulations governing my service as a volunteer at the Chester County Prison. I have read and fully understand all sections of the **GUIDELINES FOR ALL VISITORS IN CORRECTIONS**. I also understand that visitors are not permitted to perform professional services unless certified or licensed to do so. The responsibility of visitors to conduct themselves as a positive role model has been explained. I agree with the Chester County Prison Policy of discontinuing and immediate termination of participation by any visitor whose direct or perceived behavior is determined to be harmful to the Visitors Program and or the Institution.

Approvals will EXPIRE after 2 years.

Print Full Name

Signature **Date: (mm dd yyyy)**

FOR OFFICIAL USE ONLY Operator:				
NCIC	**CLEAN**	**JNET**	**WAMS**	**JMS**
Treatment				
				approved / disapproved
Security				
				approved / disapproved

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