



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

NEW
 RENEWAL

INSTRUCTIONS FOR COMPLETING AND SUBMITTING FORM

- 1) Complete application in full.
- 2) Attach a copy of government issued ID to application (matriculas are not accepted).
- 3) ALL New program providers must attend Inmate Programs Orientation to complete clearance process
Applications must be filed electronically to: DORClearances@santacruzcounty.us

APPLICANT: PERSONAL INFORMATION

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

Government Issued Identification #: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

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 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 or 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 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 _____ Class: _____

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

Requested Orientation Date (if applicable): _____

Signature below indicates that the 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 Inmate Programs Handbook.

Director: Print Name: _____ Signature _____ Date _____

FOR OFFICIAL USE ONLY

(Update 10-20-19)

Clearance Duration: 1 Day 0-30 days 30-60 days Annual Category/Type: _____

Application reviewed by facility supervisor: _____ Date: _____

Access Type: _____ Approved Supplies: _____ Orientation: _____

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: _____ Access Approved Access Denied _____

Facility Commander: _____ Date: _____

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



County of Santa Cruz

Sheriff-Coroner Corrections Bureau
259 Water St, Santa Cruz, CA 95060
(831) 454-2852 FAX: (831) 454-2884

Jim Hart
Sheriff-Coroner

Volunteer Liability Waiver

I am aware of the nature and risks associated with performing volunteer services in correctional facilities, including the County Jail, and I agree to take due caution in performing volunteer services in Santa Cruz County correctional facilities. In exchange for being allowed to perform volunteer services in Santa Cruz County correctional facilities, I agree to release and hold harmless the Santa Cruz County Sheriff, the County of Santa Cruz, and their officers, agents, employees, and volunteers from any claim for personal injuries or damage to property that I, or anyone claiming under me or on my behalf, may incur that arises from or relates to my volunteer services, to the full extent allowed under California law. I further agree to indemnify, hold harmless, and defend the Santa Cruz County Sheriff, the County of Santa Cruz, and their officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees, and damages of any kind for liability which they may incur that arises from or relates to my own negligence or willful misconduct associated with my volunteer services at the County Jail, to the full extent allowed under California law.

Organization/Program: _____

Printed Name: _____

Signature: _____

Date: _____

Please attach a copy of your government issued ID