



# Monroe County Jail and Correctional Facility

## Application for Clearance to Enter Facilities

Patrick M. O'Flynn

Sheriff

William Sanborn

Undersheriff

<b>Name:</b>		<b>email address:</b>			
<b>Date of Birth:</b>		<b>(***You Must be 18 years old or older to enter the facilities)</b>			
<b>Address:</b> Street					
City	State	Zip	<b>Telephone Number</b>		
<b>Race (Circle One)</b>		White	Black	Hispanic	Asian/Oriental
<b>Gender (Circle One)</b>		M	F		
<b>Agency or Organization you represent?</b>				<b>Phone Number:</b>	
<b>Your Program or Agency Supervisor and contact number?</b>					
<b>Clearance Type Requesting?</b> <b>(Circle One)</b>		Clergy Professional Agency	Group Church Service AA/NA	Rehab. Program Other (describe)	Education Prog.
<b>Name of Sponsor (Must be Facility Staff member)</b>					
<b>Verification of Identification.</b>		***** <b>Copy of Drivers License or Photo Identification with Date of Birth</b> ***** *****Must be attached ***** <b>Application will not be processed without it.</b>			
<b>Do you have a criminal Record?</b>		(Circle One)	Y	N	If yes please explain on back.
<b>Have you ever been arrested?</b>		(Circle One)	Y	N	If yes please explain on back.
<b>Are you on Probation or Parole?</b>		(Circle One)	Y	N	If yes please explain on back.
<b>Have you ever been on Probation or Parole?</b>		(Circle One)	Y	N	If yes please explain on back.
<b>Do you have a disability that requires assistance?</b>		(Circle One)	Y	N	If yes please explain on back.
<b>Sponsor acknowledgement /signature- mandatory</b>				date:	
<b>Applicant's signature:</b>				date:	
<b>Office Use Only</b>					
<b>MoRis Record, Arrest &amp; Warrant Check Completed</b>		Y	N		date: who:
<b>Denied / Approved</b>		denied	approved		date: who:
<b>Notified of clearance status</b>		Y    N	via    email	mail    phone	date: who:
<b>Attended orientation</b>		(Circle One)		Y    N	date:
<b>Approved By</b>				<b>Date:</b>	
<b>Date entered</b>		<b>by:</b>		visiting area only	All access
<b>One time visit w/staff member or cleared civilian</b>		program only		Contractor Vendor ID	Denied

**Please return the form to facility staff sponsoring your program or to the**

Director of Rehabilitation, Monroe County Correctional Facility, 750 East Henrietta Rd. Rochester, NY 14623