



Monroe County Jail and Correctional Facility Application for Clearance to Enter Facilities

Patrick M. O'Flynn
Sheriff

Andrew P. Forsythe
Undersheriff

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

Please return the form to facility staff sponsoring your program or to the
Director of Rehabilitation, Monroe County Jail, 130 Plymouth Ave., S., Rochester. NY 14614