

CCCF CLEARANCE CHECK INFORMATION

REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. All information will be maintained confidentially, but must be provided in order to complete a clearance check. Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility. Use additional sheets if necessary.

Category: (check one)

- Contract service provider (Medical, Mental Health, Therapeutic or Contract Chaplaincy)
- Volunteer Program
- Public Visitor (Ministry)
- Public Visitor (Government)
- Public Visitor (Criminal Justice Agency)
- Official Visitor (PA Prison Society)
- Official Visitor (Government)
- Organization
- Intern/Extern
- Reentry Services
- Other (identify) _____

Initial clearance request: ()

Renewal request: ()

Purpose of

Visit _____

Organization/Agency/Company/Program Name: _____ Abbreviation if applicable(_____)

Last Name _____ First Name _____ Complete Middle Name _____

List all previously used names: _____

Date of Birth: ____/____/____ Social Security Number: _____-_____-_____

Sex _____ Race (circle) W B I A Height _____ft _____in Weight _____lbs Eye Color _____ Hair Color _____

Current Address: _____, City _____, State _____, Zip Code _____

Prior Address: _____, City _____, State _____, Zip Code _____

Place of Birth _____, _____ Email Address _____@_____

Home Phone: () _____-_____ Alternate Phone: () _____-_____

Current Driver's License Info: State _____ () Operator Operator/ID only # _____

Valid: Yes ()

() ID only License

No ()

Previous Licenses (list all states & #'s that apply) State _____ Operator/ID only number _____

I voluntarily declare my desire to serve as a volunteer at CCCF. I give permission for CCCF to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my being denied permission to volunteer.

Signature of Applicant_____ **DATE**____/____/____

Approving Staff Member signature_____ **Title** _____ **Date** _____