

SAN BENITO COUNTY JAIL SECURITY CLEARANCE APPLICATION

Applicants must be (18) years of age to apply. The following information is needed for the San Benito County Jail to conduct a criminal history check to determine whether access to jail units, facilities and offices. Please be sure to provide all of the required information.

Clearances are are only valid until December 31st of each year.

INSTITUTION USE ONLY New Renewal

PERSONAL INFORMATION (Please print or Type)

Name: _____ **Date of Birth:** ____/____/____
Last First M

Maiden name, alias, or nickname: _____ **Gender:** ___ Male ___ Female ___ Other

Address: _____
Street Apt# City State Zip

Email Address: _____

SSN (optional): _____ - _____ - _____ **Driver's License ID# (required):** _____ **State:** _____

Phone# (required): (____) _____ - _____ **Cell #: (____)** _____ - _____

Emergency Contact: _____
Name Phone# Relationship

Current Employer: _____ **Title:** _____

Do you visit/correspond with any inmates currently incarcerated? ___ Yes ___ No

Name: _____ *ID#* _____ *Relationship:* _____

Are you related to a victim, or friend of a victim, of any inmate? ___ Yes ___ No

Name: _____ *ID#* _____ *Relationship:* _____

Are you a victim of, related to, or friend of any inmate? ___ Yes ___ No

Name: _____ *ID#* _____ *Relationship:* _____

Please indicate the area you represent:

- Wellpath
- Vendor Company Name: _____
- *Self Help ___ Alcoholics Anonymous ___ Narcotics Anonymous ___ Other: _____
- *Gavilan College Course Name: _____
- *Behavioral Health Program Area: ___ Mental Health ___ Substance Use Services
- *HHS > Program Area: ___ CPS ___ Eligibility ___ Job Center ___ Other _____
- *Faith Based Place of Worship: _____
- *Vocational Type: _____
- *Other Describe: _____

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***Applications MUST be submitted by the program director/contact to Renée Hankla, Reentry Program Manager**

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For the security and safety of volunteers, offenders, and employees, criminal histories of applicants are reviewed and may require fingerprinting in some instances. Volunteer applicants with previous felony convictions are not necessarily excluded from participation.

**All applicants must have a clear criminal history for 3 years to be eligible.
In addition, you must have been released from prison or jail for a period of 3 years.**

CRIMINAL HISTORY

When answering the following questions, do not include any violation of the law committed before your 17th birthday IF the final decision was made in juvenile court or under a youth offender law; any conviction record that was expunged under federal law; or minor traffic violations (i.e. speeding/parking ticket). All other convictions must be included.

Have you ever been arrested and/or convicted of any offense? ___Yes ___No *If YES, list all detentions, arrests, and/or convictions. Attach additional sheet(s) if necessary.*

Offense	Approx. Date	Disposition (Dismissed, Probation, Jail, Prison, etc.)	County	State	Country

Have you been discharged from Probation/Parole and have a clear criminal history for 3 years? ___Yes ___No

If No, please explain: _____

Do you have any criminal charges currently pending? ___Yes ___No

If Yes, please explain: _____

I certify and understand that:

- > I understand that I must notify the Program Manager/Jail Commander immediately in the event there is any change to the information I have provided.
- > I authorize San Benito County Sheriff's Office to obtain information from law enforcement sources regarding my criminal history.
- > I certify that the information on this form is complete and accurate.
- > I understand that any omission or falsification on this questionnaire may be cause for denial of your application.
- > I must attend any required training as directed.

Signature _____ **Date:** _____/_____/_____

Volunteers with Disabilities: The Sheriff's Office will make every effort to provide reasonable accommodations for all qualified/eligible volunteers in keeping with the safety and security of the institution and the public. You may be asked to provide a verifying statement from your physician.

INSTITUTION USE ONLY

Expiration Date: 12/31/____

Approved: ___ Disapproved: ___ Program Manager: _____ Date: _____

Approved: ___ Disapproved: ___ Officer Signature: _____ Date: _____