

TULARE COUNTY SHERIFF DEPT. DETENTION DIVISION - INMATE PROGRAMS
VOLUNTEER CLEARANCE APPLICATION

Return application to: Cheryl Cereghino, Inmate Programs Mgr, 36168 Road 112, Visalia CA 93291 **Tel: (559) 735-1673**

NAME: _____ DATE: _____

ADDRESS: Street: _____ City: _____ Zip: _____

PHONE: Home #: () _____ Work #: () _____

E-mail: _____

Previous Address: Street: _____ City: _____ Zip: _____

A.K.A.(S): _____ DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____

SOCIAL SECURITY #: - - DRIVERS LICENSE #: _____ EXP DATE: _____

SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

ETHNICITY: (check one) Caucasian Hispanic African-American Asian Native American Other

MARITAL STATUS: _____ SPOUSES NAME: _____

Are there any issues that may create a challenge to you coming into the jail facilities? _____

OCCUPATION: _____ Length of time with employer: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

IN CASE OF AN EMERGENCY, PLEASE LIST THE NAME OF A FAMILY MEMBER OR FRIEND THAT MAY BE CONTACTED:

Name: _____ Phone #: () _____ Relationship: _____

TYPE OF APPLICATION: (check one) Jail Ministry Other (AA, NA etc.) Sobriety/Recovery Date _____

WHICH FACILITY: (check all that apply) Bob Wiley MCF Main Jail PreTrial WHICH DAYS: _____

NAME OF REPRESENTATIVE OR PASTOR: _____ TEL #: () _____

SPONSORING AGENCY OR CHURCH: _____

ADDRESS: _____

Representative or Pastor's comments: _____

SIGNATURE OF REPRESENTATIVE OR PASTOR: _____

PLEASE LIST AT LEAST TWO PERSONAL REFERENCES WHO ARE NOT MEMBERS OF YOUR IMMEDIATE FAMILY:
(References may be contacted as part of the application process)

1. NAME: _____ Day TEL #: (____) _____

ADDRESS: _____

2. NAME: _____ Day TEL #: _____

ADDRESS: _____

Have you been a resident of Tulare County for the past five years? yes no

If not, please list all residences for the last five (5) years. Include street address, city & state.

1. Address: _____ Dates? _____

2. Address: _____ Dates? _____

Have you ever been arrested or convicted of a criminal offense? yes no

If YES, please explain (list dates, charges & location): _____

Are you currently or have you ever been on probation or parole? yes no

If YES, please explain (where, how long, date ended or will end): _____

Are any members of your family or any friends currently incarcerated in either jail OR prison? yes no

If YES, please explain (include where they are located): _____

Are you currently or have you previously been involved with a gang? yes no

If YES, please explain when and where _____

POLICY: Submit to a criminal history background check which may include local & national records checks, fingerprints and photographs. Ex-offenders will be considered, providing they meet all selection criteria, are not serving a term of probation or parole at the time of application and if a minimum of three (3) years has passed since any period of incarceration in any federal, state, county or city facility.

By signing this application, I give permission for this process to be conducted and understand the Sheriff's Department reserves the right to deny this application without providing a reason and to terminate this agreement.

Applicant's Signature: _____ Date: _____

ANY APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED WITHOUT APPROVAL. THEY MAY BE RESUBMITTED WHEN COMPLETED

DO NOT WRITE BELOW THIS LINE (Department use only)

RECORD CHECK DATE _____ By: _____

COMMENTS: _____

CHAPLAIN RECOMMENDATIONS:

REVIEWED BY: _____ DATE: _____ Approved Denied