

CLINTON COUNTY CORRECTIONAL FACILITY VOLUNTEER / PROFESSIONAL
VISITOR APPLICATION

NAME OF APPLICANT

Last Name

First Name

Middle Name / Initial

AGENCY INFORMATION

Name of Agency / Church Group

Address

Phone Number

Supervisor

Title / Position

Purpose of Visit (Inmate Name)

PERSONAL INFORMATION

Address

No. years at present address ()

Telephone Number

Social Security No.

Date of Birth

Place of Birth

Marital Status

Maiden Name

Driver License No.

Years of Sobriety (if applicable)

EMPLOYMENT STATUS

Place of employment

Highest Grade in Education

Educational Degree

Ministers:

Ordained:

Yes ()

No ()

Year of Ordination _____

Where and by whom

Criminal Record: Yes ()

No ()

ARD ()

County Probation ()

County Parolee ()

State Parole ()

Years Incarcerated _____

Where Incarcerated

I affirm that the information set forth in this screening form is true and correct according to the best of my knowledge.

Signature of Applicant