

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