

CENTRE COUNTY CORRECTIONAL FACILITY
APPLICATION FOR (V/SP/C/OV)

2019

New
Renew

FULL NAME: _____ 2019 PREA CLASS DATE: _____

HOME ADDRESS: _____ MAIDEN NAME: _____

PHONE: _____

CELL: _____

EMAIL: _____ DRIVER'S LIC: _____

DOB: _____ SEX: _____ RACE: _____ EYES: _____ HAIR: _____ WEIGHT: _____ HEIGHT: _____

MEDICAL IMPLANT THAT WILL TRIGGER THE METAL DETECTOR: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ EMPLOYER PHONE: _____

Group Representing: CLERGY: AA/NA: CHURCH/BIBLE STUDY: COUNSELING:

EDUCATION: PSU/RJI: PRISON SOCIETY MEMBER: SPECIAL PROGRAM: OTHER:

Group/Organization Name/Address (**do not leave blank**): _____

IF APPLICABLE: LENGTH OF CONTINUOUS RECOVERY: _____ LAST DATE ON PROBATION/PAROLE: _____

Have you ever been convicted/sentenced of any criminal charges? **YES:** **NO:**

If yes, please explain: _____

Is there currently a Protection from Abuse Order active against you? **YES:** **NO:**

Are you related to any currently housed inmate at CCCF? **YES:** **NO:**

If yes, who? _____ Relationship? _____

YOU MUST SUBMIT A COPY OF YOUR DRIVER'S LICENSE ALONG WITH YOUR APPLICATION

APPLICATIONS ARE NOT APPROVED UNTIL YOU COMPLETE THIS YEAR'S PREA TRAINING. APPLICATIONS NOT FILLED OUT COMPLETELY AND TRUTHFULLY, WILL BE DENIED.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

ID/CREDENTIALS **BACKGROUND** **REFERENCES/RENEW** **PREA** **SYSTEM INFO**

APPROVED / DENIED _____ DATE: _____

DIRECTOR

APPROVED / DENIED _____ DATE: _____

WARDEN / DEPUTY

REFERENCES

(DO NOT NEED REFERENCES FOR RENEWALS)

New

Renew

(NEW APPLICANTS) MUST LIST TWO REFERENCES

(LIST NAME / TELEPHONE NUMBER / EMAIL)

References cannot be relatives

REF 1: _____

REF 2: _____

Read & Sign Next Page

FOR CCCF USE ONLY DO NOT WRITE BELOW THIS LINE – Go to next page

Credentials Verification for: _____

Applicant Name

Ref 1: (to be completed by CCCF Staff)

Ref 2: (to be completed by CCCF Staff)

RECEIPT & AGREEMENT

2019

I have received, read, understand, and have been orientated to the Handbook, as well as the Rules and Regulations regarding my service activities while at the Centre County Correctional Facility.

I agree to abide by all rules and regulations contained in this handbook or otherwise provided to me.

I understand and agree to never bring into the Facility any contraband, including cell phone, and any other electronic devices.

I understand that I am required to report all police contacts, charges, or new arrests (even in another County/State) to the Director of Treatment.

I understand my responsibilities related to PREA and agree to report any allegations.

I understand a background check will be done, my application must be approved, and I must attend PREA training before I am permitted to visit.

I understand that I must update my application and training yearly or I will not be authorized to remain a V/SP/C/OV of the Centre County Correctional Facility.

I understand that all information submitted in my application must be truthful. Falsification of any information shall be immediate denial of my application.

NAME (PRINT)

DATE

APPLICANT SIGNATURE

We, the staff here at the Centre County Correctional Facility, acknowledge and uphold any/all Pennsylvania Code of Ethics where applicable.

**PLEASE COMPLETE & RETURN THE LAST 3-PAGES,
A COPY OF YOUR DRIVER'S LICENSE,
ALONG WITH YOUR CREDENTIALS TO:**

**CENTRE COUNTY CORRECTIONAL FACILITY
(VSPCOV) APPROVALS
700 RISHEL HILL ROAD
BELLEFONTE, PA 16823**

OR

EMAIL: DAMURPHY@CENTRECOUNTYPA.GOV