

**I. RISK AGREEMENT**

**Individuals may be subject to search upon entering or leaving the institution** *(Title #61, Section 384)*

- A. All individuals working with inmates may be subject to legal implications. Two examples of this are:
1. Penalties for criminal behavior in a correctional facility.
  2. Potential lawsuits by inmates.

**I. Notice of dangerous conditions and assumption of risk**

- A. This correctional facility which you seek to enter as an Official Visitor is under the supervision and control of the Centre County Correctional Facility Board and a place of confinement for individuals who have been charged with crimes and are awaiting trial and/or have been convicted and serving their sentences.
1. Some of the inmates who reside in this facility have been charged and convicted of violent felony crimes.
  2. Inmates confined in this facility are permitted to move freely without restraint in some areas in which you may be present.
  3. **You assume all risks, which result from the normal operation of the institution.**

***Please complete & return ONLY the last 3 pages along with a copy of your driver's license and required credentials to:***

**CENTRE COUNTY CORRECTIONAL FACILITY  
OFFICIAL VISITOR APPLICATIONS  
700 RISHEL HILL ROAD  
BELLEFONTE, PA 16823  
OR  
EMAIL: DAMURPHY@CENTRECOUNTYPA.GOV**

**OFFICIAL VISITORS APPLICATION**

**New**

**APPLICANT INFORMATION**

**Renew**

FULL NAME: \_\_\_\_\_

2020 PREA CLASS DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

MEDICAL IMPLANT THAT WILL TRIGGER THE METAL DETECTOR: \_\_\_\_\_

**Group Representing:** List the info & submit supporting documents for your group below

AA/NA: \_\_\_\_\_  
*(list length of recovery)*

CHURCH/BIBLE STUDY: \_\_\_\_\_  
*(list group/church)*

CLERGY: \_\_\_\_\_  
*(submit credentials)*

COUNSELING: \_\_\_\_\_  
*(submit credentials)*

EDUCATION/TEACHER: \_\_\_\_\_  
*(class/course-submit credentials)*

PSU/RJI: \_\_\_\_\_  
*(list start/end dates)*

PRISON SOCIETY MEMBER: \_\_\_\_\_  
*(submit copy of member card)*

SPECIAL PROGRAM: \_\_\_\_\_  
*(name of program)*

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

**If yes, please explain** (even if out of state): \_\_\_\_\_

If applicable, last date on Probation/Parole: \_\_\_\_\_

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? \_\_\_\_\_

*Applications are not approved until you complete the 2020 PREA training. Applications not filled out completely and truthfully, will be denied.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*You must submit a copy of your driver's license & supporting documents along with all 3 pages of your completed application.*

APPROVED / DENIED \_\_\_\_\_ DATE: \_\_\_\_\_  
*Director of Treatment*

APPROVED / DENIED \_\_\_\_\_ DATE: \_\_\_\_\_  
*Deputy Warden*

*ID/Credentials* \_\_\_\_\_ *Background* \_\_\_\_\_ *References/Renew* \_\_\_\_\_ *PREA* \_\_\_\_\_ *System Info* \_\_\_\_\_

**OFFICIAL VISITORS APPLICATION**

**New**

**RECEIPT & AGREEMENT**

**Renew**

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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 the policies change / updated periodically and agree to follow all Facility policies.

I understand that visits / programs may be denied without notice or may end early due to Facility situations.

I understand and agree to never bring into the Facility any contraband, including cell phones, 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) immediately 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 the Federally mandated PREA training before I am permitted to visit.

I understand that I must update my application and training yearly, as well as submit id and credentials yearly, or I will not be authorized to remain an Official Visitor 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.**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

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

**OFFICIAL VISITORS APPLICATION**

**New**

**REFERENCES**

**Renew**

**LIST TWO REFERENCES**

*(NAME / TELE / EMAIL)*

**References cannot be relatives**

**REF 1:** \_\_\_\_\_

**REF 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference for:** \_\_\_\_\_

*Applicant Name*

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**FOR CCCF USE ONLY DO NOT WRITE BELOW THIS LINE**

**Ref 1:** (to be completed by CCCF Staff)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ref 2:** (to be completed by CCCF Staff)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_