

**Pennsylvania Department of Corrections
PUBLIC VISITOR MEMO OF UNDERSTANDING**

LAST Name	FIRST Name	Initial	Group which Public Visitor represents
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Check those facilities only where you realistically think you will serve as a Public Visitor within the next year (please "x")

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Albion | <input type="checkbox"/> Fayette | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Quehanna Boot Camp |
| <input type="checkbox"/> Cambridge Springs | <input type="checkbox"/> Forest | <input type="checkbox"/> Laurel Highlands | <input type="checkbox"/> Retreat |
| <input type="checkbox"/> Camp Hill | <input type="checkbox"/> Frackville | <input type="checkbox"/> Mahanoy | <input type="checkbox"/> Rockview |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Graterford | <input type="checkbox"/> Mercer | <input type="checkbox"/> Smithfield |
| <input type="checkbox"/> Coal Township | <input type="checkbox"/> Greene | <input type="checkbox"/> Muncy | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cresson | <input type="checkbox"/> Greensburg | <input type="checkbox"/> Pine Grove | <input type="checkbox"/> Waymart |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> Houtzdale | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Comm. Corr. Center |

1. By my signature below, I attest that I have been fully advised and clearly understand that the property which I seek to enter as a public visitor is under the supervision and control of the Pennsylvania Department of Corrections.
2. I understand that many inmates who are confined on this property have been convicted of violent crimes and that inmates confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present.
3. I understand that I may not always be in the immediate presence of correctional staff.
4. I understand that I assume all risks which may result from the normal operation of the facility.
5. I further understand that I am not permitted to divulge confidential information about an inmate outside the facility without its authorized release.
6. I agree to abide by the rules and regulations of the Department as outlined in the :
 - a. Orientation for Non-PA Department employees; and
 - b. Code of Ethics for Non-PA Department employees.
7. I understand that anyone, including public visitors, who engages in, or knowingly condones sexual harassment or sexual contact with inmates, shall be subject to disciplinary action.
8. I voluntarily declare my desire to serve as a public visitor in the Pennsylvania Department of Corrections and give permission for the Department to investigate and validate all information provided on my **CENTRALIZED CLEARANCE INFORMATION REQUEST FORM** and understand that falsification of this request, omission of pertinent information or failure to adhere to rules may result in my permanent termination as a public visitor.

SIGNATURE of Public Visitor

Date

Return this Public Visitor Memo of Understanding, along with a completed **Centralized Clearance Information Request Form**, and a **Letter of Endorsement** from the group through which you will serve at the prison, to the **Volunteer Coordinator** of your **Preferred Facility**. You will be notified when you are cleared to enter the facility/CCC. Facility addresses can be found on the web at: www.cor.state.pa.us.