

## **IMPORTANT INFORMATION FOR FILLING OUT APPLICATION:**

1. Please read the application for clearance request thoroughly before beginning. County clearance of this application will allow you to carry AA meetings into the King County Jail (KCCF) and Regional Justice Center (RJC) as a community volunteer.
2. The mandatory requirements for clearance as an AA volunteer are:
  - a. 2 years clean since date of release for last misdemeanor offense.
  - b. 4 years clean since date of release for last felony offense.
  - c. 3 years off alcohol, huffing and marijuana.
  - d. 7 years off heroin, cocaine, meth, and other hard drugs.
  - e. Complete disclosure in filling out application.
3. Most application denials are due to non-disclosure (Item e above). Volunteers **MUST** tell everything involving the legal system that occurred in their past, including ALL arrests, convictions, probation or parole, as well as ANY warrants served, harassment charges service, no-contact orders, judgments, etc.
4. If pages 11 and 12 (previous residences) are included in the application package, these do not need to be filled out since we are not issued a Jail ID Picture Badge.
5. **Attach a copy of your Washington State Driver's License (or other current government-issued photo ID) to your application.** It is important that both photo and text are clear. If possible, enlarge copy to 200%. (Note that a copy of your Social Security card is not required since we are not issued a Jail ID Picture Badge.)
6. Once you have completed filling out the clearance request and attached the photo ID, mail to Greater Seattle Intergroup. They will review the application with you and sign the applicant's supervisor section.  
**Clearance requests without the supervisor signature will be denied.**
7. Only after completing Item 6, mail the clearance request to the appropriate address on page 2.
8. The clearance process takes 4 to 8 weeks after you turn in the clearance request. Once cleared, you will be required to attend a "Jail Safety and Security Orientation" and a Jail Tour. Afterwards, your photo will be taken and you will be entered into the computer system. Once this is in place, you will be able to gain access for meetings by showing your photo ID.

Greater Seattle Intergroup Office  
5507- 6 AVE. So. Lucile  
Seattle, Wa. 98108

# KING COUNTY DEPARTMENT OF ADULT & JUVENILE DETENTION

## NON-DAJD CLEARANCE REQUEST

(Includes Facilities/Jail Health/SMC/Volunteers/Work Study/Community Program/Contractor/Labor Rep/Library/MHP/Agency Service Providers)

### BACKGROUND INVESTIGATION QUESTIONNAIRE

The Mission of Department of Adult and Juvenile Detention is to contribute to public safety by operating safe, secure, and humane detention facilities and community corrections programs, in an innovative and cost-effective manner. Its vision is to support criminal justice and human-service agencies' efforts to maintain a safe, vibrant, and economically healthy community.

For purposes of obtaining a "NON-DAJD" clearance. Non-DAJD is defined as: **King County employees who do not work for DAJD**: Any person who is employed in a career service position, exempt position, term-limited-temporary position, short-term temporary position or administrative temporary position for a King County Department or Office other than DAJD.

### SEE REVERSE SIDE FOR DEFINITIONS

Attached is a questionnaire that asks detailed questions concerning your personal and employment history. Please answer all questions fully. Fill out this questionnaire completely and accurately. Incorrect statements may prevent you from gaining access or bar you from the facility. If space provided is inadequate, add another page and identify additional information by item/question number.

**It is vital that this questionnaire be completed thoroughly and honestly.** If you are in doubt as to whether information should be included, it is better to include it and explain it thoroughly rather than have it appear as withholding of information when it is subsequently discovered.

As part of the review process of all persons seeking access into the Department of Adult & Juvenile Detention, a criminal history reference check is completed. This criminal history record check is **mandatory**. Failure to complete this Criminal History Reference Check Form will result in your application for jail access being denied. Your signature authorizes your criminal history records check and annual reviews.

Failure to disclose information may result in facility access being denied. **Include** all Military, Juvenile offenses and any other charges even though they may have since been dismissed, stricken, or expunged from your record. **Exclude non-criminal** traffic and parking violations. **Please note** an arrest/convictions may not necessarily result in a denial.

The confidentiality of background information is strictly controlled. Background information will generally be released only to DAJD management and personnel officials. This means that this file is also closed to you. **If, however, the Department has reason to believe you may be or have been involved in criminal activity, based on information received through the application process, the Department may release such information to the appropriate law enforcement agency.** You will not be notified of such release.

If you have any questions regarding the questionnaire or the background investigation process, please contact the Program Coordinator at the facility you received your application from; phone numbers are on the reverse side.

Director, Department of Adult and Juvenile Detention

DAJD F-639 2/25/08

KEEP THIS PAGE

2008

**Definitions from the front page:**

- **Contractor:** An individual who works on contract for the County and/or for DAJD. "Contract" means a formal agreement between King County and the vendor, or contractor, to provide a defined set of services, goods, materials, or supplies, within a specified time period, with specified compensation. This includes temporary personnel hired via King County contracts with employment agencies.
- **Volunteer:** An individual who volunteers to perform services for DAJD where the individual receives no compensation or is paid expenses, reasonable benefits, or a nominal fee, to perform the services for which the individual volunteered; and such services are not the type of services which the individual is employed to perform for DAJD. These groups may include employees of community-based agencies or religious groups.
- **Visitor:** *(Not regular public inmate visitation.)* An individual or group of individuals who visit the jail periodically or on a one-time basis for the purposes of a facility tour or meeting with administration.
- Only applications authorized by the Clearance Coordinator will be processed.
- **Agency Employee:** These individuals and groups meet one on one with inmates and facilitate group programming for the providing of inmate services. Based on the work site assignment (secure vs. public access area) and other requirements or restrictions, agency employees may be given contact or window access to provide services to their clients or conduct group informational/educational workshops. Agency employees include, but are not limited to, case managers with Seattle Mental Health or Community Psychiatric Clinic, facilitators with Seattle Planned Parenthood etc.

**General information and instructions about the application and process:**

- Answer ALL questions, write N/A (not applicable) if the question does not pertain to you
- Incomplete applications will NOT be processed
- Be sure to sign your application where required
- Be sure your supervisor signs your application where required – otherwise it will be returned to you
- Include a clear photocopy of your driver's license
- **ONLY IF** you are applying for the Jail ID Badge, include a clear photocopy of your Social Security Card
- If you are a religious volunteer, include the 1 page questionnaire that was given to you with this application
- Upon receipt of your completed application, DAJD staff will verify the information you have provided
- If you have any questions, please contact the staff at :  
JUV – Programs Coordinator – 206- 205-9550    JHS – Jail Health Services – 206- 296-1082  
KCCF - Programs Coordinator – 206-296-1281    RJC – Programs Coordinator – 206-205-2224

**MAIL YOUR COMPLETED APPLICATION TO THE APPROPRIATE ADDRESS BELOW:**

**(DAJD/JHS staff please check one box:)**

**JUV**  
Programs Office  
DAJD  
1211 E Alder ST  
Seattle, WA 98122

**KCCF**  
Programs Office  
DAJD  
500 Fifth Ave  
Seattle, WA 98104

**RJC**  
Programs Office  
DAJD  
620 W James ST  
Kent, WA 98032

**JHS - KCCF**  
Health Services  
DAJD  
500 Fifth Ave  
Seattle, WA 98104

**KING COUNTY DEPARTMENT OF ADULT & JUVENILE DETENTION**  
**NON-DAJD BACKGROUND INVESTIGATION QUESTIONNAIRE**

**APPLICANT SIGNATURE/CERTIFICATION:**

A false answer to any question on this form, or any portion thereof, or omission of information, may be grounds for denying your access. All information will be considered in reviewing your answers and is subject to verification.

Statements and facts furnished by you in this questionnaire will be verified. Omission of any information that would reflect upon your character, or compromise the security identification for which you are applying, may result in revocation of access and a ban from the facility.

Applicants must sign the following statement. Please read the following carefully before signing this statement:

I understand that all information obtained as a result of any and all phases of the Department's background investigation process will be held strictly confidential and that the background investigation file is closed to me, but may be released to appropriate law enforcement agencies if involvement in criminal activity is suspected or discovered.

I hereby certify:

- that all statements made in this questionnaire are true and complete
- that I understand any misstatements of material facts or omissions will subject me to disqualification
- that I understand it is my responsibility to contact the person I report to at DAJD if at any time I am arrested, cited or convicted of a crime or involved in a No Contact Order
- that I understand it is my responsibility to contact the person I report to at DAJD if at any time a friend or family member is arrested, cited or convicted of a crime or involved in a No Contact Order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE**

Purpose of CHRC: \_\_\_\_\_

**Application**

- \_\_\_\_ Applicant Picture ID
- \_\_\_\_ Copy of Applicant SIU
- \_\_\_\_ Applicant Photo ID Matches CRIMES Photo

**SIU**

- \_\_\_\_ SEAKING
- \_\_\_\_ WASIS/NCIC
- \_\_\_\_ DOL
- \_\_\_\_ Interstate Identification Index (III)

**CLEARED - Jail Access**    Date of CHRC \_\_\_\_\_    Authorized by \_\_\_\_\_  
 **DENIED - Jail Access**    Date of CHRC \_\_\_\_\_    Authorized by \_\_\_\_\_

<p>Fingerprints: _____</p> <p>CHRC Requested: _____</p> <p>CHRC Received: _____</p> <p><b>LOCAL POLICE CHECKS CLEARED</b></p> <p>    KCSO: Yes _____ No _____</p> <p>    SPD: Yes _____ No _____</p> <p>Approved for badge?</p> <p>    Yes _____ No _____</p>	<p>Reviewed by: _____</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>
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**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I authorize you to furnish the King County Department of Adult & Juvenile Detention with any and all information that you have concerning my work record, character references and/or arrest record. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Department of Adult & Juvenile Detention in determining my qualifications and fitness for access to its facilities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Adult & Juvenile Detention in conjunction with jail security only, unless information provided reveals potential current criminal activity.

I hereby release you, your organization, and others, from any liability or damage which may result from furnishing the information requested.

This waiver and authorization is no longer valid immediately upon termination of my employment, or position, for which access to the jail is necessary, whichever comes first.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

**KING COUNTY DEPARTMENT OF ADULT & JUVENILE DETENTION**

**NON - DAJD CLEARANCE REQUEST PACKET\***

**(Includes Facilities/Jail Health/SMC/Volunteers/etc.)**

DAJD requires that anyone who is not on the department's payroll and who seeks access into any King County Correctional Facility must first complete a Non-DAJD Clearance Request Packet. Only applications authorized by the applicant's supervisor, a DAJD Section Head or their designee and DAJD Major (Operations Commander) will be granted an ID card.

The individual completing these documents will be assigned duties, which may require frequent access to the facilities. Authorization is given by signature below for the individual to be processed for a security clearance and possible Jail ID badge.

- APPROVED     DENIED     JAIL ACCESS COMPUTER     JAIL ID     AUX  
 CCD     JUV     KCCF     RJC     ALL FACILITIES

DAJD Major \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please Attach A Copy Of Applicant's Drivers License And ONLY IF REQUIRED Your Social Security Card**

**APPLICANT:**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code E-mail

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Alias/Maiden: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

**APPLICANT'S SUPERVISOR:**

State why the applicant requires access and the frequency in which the applicant will need access to DAJD facilities:

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Agency** \_\_\_\_\_

DAJD/JHS Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Facility \_\_\_\_\_

DAJD Section Head / Designee \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Facility \_\_\_\_\_

ID Issued \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

ID Returned \_\_\_\_\_ Verified by \_\_\_\_\_



Department of Adult and Juvenile Detention  
 KCCF 500 5<sup>th</sup> Ave Seattle, WA 98104  
 RJC 620 West James St. Kent, WA 98032  
 JUV 1211 E. Alder St. Seattle, WA 98122  
 JHS 500 5<sup>th</sup> Ave Seattle, WA 98104

**Authorization Form for Criminal History Reference Check**

Date: \_\_\_\_\_

Signature of Applicant - I authorize my criminal history reference check.

1. Regardless of disposition, have you EVER been arrested, detained, cited, or convicted of ANY crime or do you have a criminal charge currently pending against you? Please include all warrants, dates, outstanding fines or restitution. Please explain in detail, attach additional sheets if necessary.

YES NO

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you EVER been involved with a No- Contact, Protection, or Anti-Harassment Order? Please explain in detail, attach additional sheets if necessary.

YES NO

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever had your name placed on a registry of child or adult abuse in this country, or any other country? Please explain in detail, attach additional sheets if necessary. Include where.

YES NO

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever been found to have sexually or physically abused or exploited, or to have physically abused, any child or vulnerable adult or developmentally delayed person by:

- A court in a dependency action under the juvenile court act in cases relating to a dependency of a child, etc.?
- A court in a domestic relations proceeding under abuse of children, adult, or dependent persons?
- A disciplinary board for a profession or the Department of Licensing?

Please explain in detail, attach additional sheets if necessary.

YES NO

\_\_\_\_\_  
 \_\_\_\_\_

5. Were you ever convicted, court martialled, or found guilty in a summary court, deck court, Captain's Mast, or company punishment or in any other disciplinary action, while a member of the armed forces, National Guard, or other reserve unit? Please explain in detail, attach additional sheets if necessary.

YES NO

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6. Have you ever been detained or booked into any of the King County Department of Adult and Juvenile Detention facilities (Community Center for Alternative Programming, King County Correctional Facility, Regional Justice Center, etc.) for ANY reason? Be specific and include dates.

YES NO

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7. Have you ever been booked into, or an inmate of, any City, County, State, or Federal jail or penal institution? Be specific and include dates.

YES NO

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8. Do you now or have you ever had any relationship with a person, including relatives, in this jail or any other correctional institution? Please list the relationship, institution and the person's full name.

YES NO

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9. Have you ever bought, sold, or otherwise distributed any illegal substance? Please explain in detail, attach additional sheets if necessary.

YES NO

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10. Do you currently use or have you used in the last seven years, any illegal substances, drugs, opiates, pills, etc., **(including marijuana and huffing - currently or in the last three years)** as prohibited by the Uniform Controlled Substance Act? Please explain in detail, attach additional sheets if necessary.

YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Facilities being accessed:

- Juvenile Division       King County Correctional Facility       Regional Justice Center
- Community Center for Alternative Programming       Community Corrections Division

12. Are you applying as a:

- Religious Volunteer       Community Volunteer       Student Intern
- Agency Service Provider       Other: \_\_\_\_\_

13. What agency/group are you coming in with? \_\_\_\_\_

14. Position/role held with that agency/group? \_\_\_\_\_

15. Duties to be performed in the jail: \_\_\_\_\_

16. Address of agency/group: \_\_\_\_\_  
Street City State Zip Code

17. Name of group supervisor/coordinator/pastor/minister: \_\_\_\_\_

18. How long will you require access into a DAJD facility? \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_  
Home Work Other

**For Volunteers Only:**

19. Are you fluent in any other languages besides English?  Yes  No  
If Yes, which language(s) \_\_\_\_\_  Spoken  Written  
\_\_\_\_\_  Spoken  Written

20. How many hours per week/month are you committing to volunteer/intern? \_\_\_\_\_

21. Why do you want to volunteer /intern at the Department of Adult and Juvenile Detention?

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22. Describe your past and/or current experience(s):

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**For Student Volunteers Only:**

School: \_\_\_\_\_ Major(s): \_\_\_\_\_

Are you volunteering for credit?  Yes  No

Need to complete internship/service by (number of hours and date): \_\_\_\_\_

- |  |   |   |                                 |                                 |
|--|---|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Freshman             | <input type="checkbox"/> Sophomore            | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Graduate      | <input type="checkbox"/> 1 <sup>st</sup> Year | <input type="checkbox"/> 2 <sup>nd</sup> Year |                                 |                                 |

**PERSONAL REFERENCES – REQUIRED FOR ALL VOLUNTEER APPLICANTS**

Fill in below the names of at least two persons not related to you, and not former employers, who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities. List all telephone numbers and addresses.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How long? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How long? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How long? \_\_\_\_\_