

Religious and Volunteer Services Security Clearance Application

Type of Access (circle one):	<i>Attorney Room Program</i>	<i>Clergy</i>	<i>One Day</i>
Fill in the following Sections:	(1 & 3)	(1 & 3)	(1 thru 3)

*****Application must be submitted to Religious and Volunteer Services seven (7) business days prior to the event*****

All applicants will be denied access for the following reasons:

- Untruthful or incomplete statements on applications
- Illegal use of drugs within the past five years
- Applicant is currently on Parole/Probation
- Incarcerated in any prison (4571 PC)
- Incarcerated in a jail within the last (5) years
- Have been convicted for any of the following: Sex Crimes (other than Misdemeanor Prostitution), Weapon Laws Violations, Felonious Assault or Spousal Abuse, Drug Sales
- Outstanding Warrants
- Applicant with no valid Identification Card

Clergy and Attorney Room Program's please provide the following:

- A letter from your organization/church stating you are representing the organization and nature of your visit.
- **Color** copy of Driver's License or Identification Card.
- Copy of Ordination Certificate (Clergy only).

Section 1

Name:			
Address:		City:	Zip:
Sex:	Race:	DOB:	
Home Phone: ()		Work Phone: ()	
CDL /ID #:		Soc. Sec. #:	

Section 2

Email Address:		Unit Requesting clearance:	
Facility Access:	Date of visit:	Time:	
Sgt/Lt. Signature:			Date:
Reason for visit:			

Section 3

Have you ever been convicted of a misdemeanor or felony? Yes_____No_____

If "Yes", briefly explain: _____

In the last twelve months, have you been contacted, questioned, detained or arrested by any law enforcement agency or have you been named as a suspect in a police investigation? Yes_____No_____

If "Yes", briefly explain: _____

I hereby authorize the Los Angeles County Sheriff's Department to initiate a background check for access into the Los Angeles County Jail System.

Signature: _____ Date: _____

***** FOR OFFICE USE ONLY *****

Background Conducted by:	Date:	Pass	Fail
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