DRESS CODE EFFECTIVE IMMEDIATELY

ALLOWED CLOTHING FOR VISITORS, INCLUDING CHILDREN:

JEANS ANY COLOR

SKIRTS/SHORTS NO HIGHER THAN 2 INCHES ABOVE MID-KNEECAP

SLIT SKIRTS / SLIT DRESSES LENGTH AND SLIT NO HIGHER THAN 2 INCHES ABOVE MID-

KNEECAP

DRESSES / JUMPERS NO LOW CUT NECKLINES, NO HIGHER THAN 2 IN ABOVE MID-KNEECAP

T-SHIRTS NO LOW CUT NECKLINES

SWEATSHIRTS "HOODIES" NOT ALLOWED

SWEATERS NO LOW CUT NECKLINES

SHOES AND UNDERGARMENTS MUST BE WORN AT ALL TIMES

SPECIFIC CLOTHING NOT ALLOWED FOR VISITORS, INCLUDING CHILDREN:

NO HALTER TOPS / HALTER TOP DRESSES

NO WRAP-AROUND SKIRTS / WRAP-AROUND SHIRTS

NO TUBE TOPS

NO TANK TOPS

NO CLOTHING THAT EXPOSES SKIN (E.G., CHEST, BACK, THIGHS, OR MIDSECTION)

NO SEE-THROUGH CLOTHING, INCLUDING SHEER AND LOOSE WEAVE FABRICS

NO INSIGNIAS OR PARAPHERNALIA ASSOCIATED WITH STREET GANGS

HATS ARE NOT ALLOWED

ACCOMMODATIONS MAY BE MADE ON CASE-BY-CASE BASIS FOR RELIGIOUS HEADGEAR CONSISTENT WITH ESTABLISHED SECURITY PRACTICES.

IT SHALL BE WITHIN THE DISCRETIONARY AUTHORITY OF THE CARBON COUNTY CORRECTIONAL FACILITY TO DETERMINE THE APPROPRIATENESS FOR VISITATION PURPOSES, OF ANY ATTIRE NOT SPECIFICALLY PROHIBITED BY POLICY.

CCCF CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. All information will be maintained confidentially, but must be provided in order to complete a clearance check. Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility. Use additional sheets if necessary.

Category: (check one)				
Contract service provider (Medical, N	Mental Health, Therapeutic	or Contract Chaplaincy	<i>,</i>	, V
Volunteer Program				•
Public Visitor (Ministry)		•		
Public Visitor (Government)				
Public Visitor (Criminal Justice Agenc	y)			
Official Visitor (PA Prison Society)	•			
Official Visitor (Government)	·		•	
Organization				,
Intern/Extern				
Reentry Services			•	
Other (identify)			•	
Other (identity)				•
nitial clearance request: ()			•	• •
Renewalrequest: ()	Purpose of Visit			
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rganization/Agency/Company/Program Nam	e:		Abbre	viation if applicable(
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ame	· Name		Middle Name	
st all previously used names:				
irrent Address:		City	.State	. Zin Code
·				
ior Address:		City	,state	
ace of Birth	· Fr	nail Address	·)
ace of bit (ii				
ome Phone: ()	Al	ternate Phone: () -	·
rrent Driver's License Info: State	() Operator (Operator/ID only #	•	Valid: Yes ()
THE IT DITE: 3 Decide And Trace	() ID only License			No ()
				140 ()
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revious Licenses (list all states & #'s that confirm that all information conto lso agree to abide by all Facility re acility. Applicant Signature	apply) Stateapply) Stateapply) Stateapply	request has been	verified by me to be It from the normal o	e complete and accurate operation of a Correction

VOLUNTEER APPLICATION – CARBON COUNTY CORRECTIONAL FACILITY

	FIRST	MIDDLE	
NAME:	NAME:	NAME:	
COMPLETE		:	
HOME ADDRESS:			
HOME TEL ()	CELL ()	
EMAIL ADDRESS:	@		
CRIMINAL HISTORY /INMATE	FAMILIARITY (PLEASE CHECK)	NO	YES
Have you ever been arrested of misdemeanor?	or convicted of any felony or		
Have you ever been arrested/ Violations?	convicted of any firearms or expl	osives	
Are you now under charges fo	r any violation of law?		
Have you ever been confined i	in any jail, prison, or penal institu	tion?	
Are any immediate family men acquaintances currently inmate Facility?	mbers, relatives, friends, or tes at Carbon County Correctional		
If you answered yes to any of t (YOUMAY ATTACH A SEPARATE SHEET OF	he questions above, please give ex	planation below:	
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	ohone list or have placed money o		
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corresponded with any inmate	at CCCF within the past five years	? Yes/No. If yes, expla	ain below:
corresponded with any inmate	at CCCF within the past five years a volunteer at CCCF. I give permission	? Yes/No. If yes, explain ??	nin below:
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