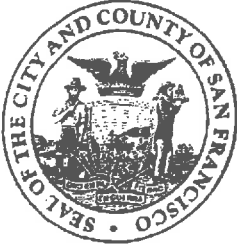


Appendix I: Sample Jail Clearance Application for RFP 211 - Area I  
REFERENCE DOCUMENT ONLY -- Please do not submit with your Proposal



**OFFICE OF THE SHERIFF**  
**CITY AND COUNTY OF SAN FRANCISCO**

1 DR. CARLTON B. GOODLETT PLACE  
ROOM 456, CITY HALL  
SAN FRANCISCO, CALIFORNIA 94102



**VICKI HENNESSY**  
**SHERIFF**

**APPLICATION FOR JAIL CLEARANCE**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Home Phone:** \_\_\_\_\_ **Pager:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Height:** \_\_\_\_ **Weight:** \_\_\_\_ **Eye Color:** \_\_\_\_ **Hair Color:** \_\_\_\_ **SSN#** \_\_\_\_\_

**California Driver's License or ID#:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**Agency or Organization you represent:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Phone Number:** \_\_\_\_\_

**How long have you been affiliated with this agency/organization?** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for your Application Request: \_\_\_\_\_

## APPLICATION FOR JAIL CLEARANCE

Continued

Have you ever been arrested? No  Yes  If yes, please provide details of each arrest below.

**Failure to report or be truthful will result in denial of clearance request**

Year	Charge(s)	City & State	Disposition

Are you currently on parole or probation? No  Yes  If yes, until what date: \_\_\_\_\_

Name of Parole/Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

Do you presently have any relative or significant other incarcerated in the San Francisco County Jail?

No  Yes  If yes, provide the name: \_\_\_\_\_  
Last First MI

I have received a copy of the "Guidelines for Jail Clearance Applicants" No  Yes

I have completed this application with true and accurate information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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SAN FRANCISCO, CALIFORNIA 94102



**VICKI L. HENNESSY  
SHERIFF**

**CRITICAL INFORMATION SHEET**

Name: \_\_\_\_\_  
Last
First
Middle Initial

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
blu, brn, hzl, etc.                      blk, brn, blu, etc.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(area code) phone #                      (area code) phone #                      (area code) phone #

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

Organization: \_\_\_\_\_ Start Date: \_\_\_\_\_

Languages: \_\_\_\_\_ Military Reservist: \_\_\_\_\_ (yes/no)

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Mother, Aunt, Significant other, etc.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(area code) phone #

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

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: _____		Type of Application: _____	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
City	State	Zip Code	Contact Telephone No.
Name of Applicant (Please print)		First	MI
Last			
Alias	Last	First	Driver's License No.
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL -	Agency Billing Number
Height:	Weight:	Misc. Number:	
Eye Color:	Hair Color:	Home Address:	
Place of Birth:	Street No. Street or PO Box		
Social Security Number:	City, State and Zip Code		
Your Number:	OCA No. (Agency Identifying No.)	Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission, list Original ATI Number: _____			
Employer: (Additional response for agencies specified by statute)			
Employer Name			
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)	
City	State	Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By:		Name of Operator	Date
Transmitting Agency	ATI No.	Amount Collected/Billed	



# OFFICE OF THE SHERIFF CITY AND COUNTY OF SAN FRANCISCO



1 DR. CARLTON B. GOODLETT PLACE  
ROOM 456, CITY HALL  
SAN FRANCISCO, CALIFORNIA 94102

**VICKI HENNESSY  
SHERIFF**

## **GUIDELINES FOR CIVILIANS WITH ADMINISTRATIVE/VISITOR'S PASSES OR JAIL CLEARANCE CARDS**

When entering any of the jails, remember that safety and security of the facility(s) are of primary importance. It is important to follow all directives from deputized staff, avoid compromising jail security, and acquire permission before bringing anything into the facility.

### **Prepare yourself before entering a facility**

#### **Mentally:**

What is your purpose and what goals are you trying to accomplish? Once you are in the facility, it is easy to be distracted by prisoners making requests of every kind. Only do what you are there to do. Do not hesitate to tell inmates that you are there to do your specific duties only.

#### **Physically:**

If you feel ill, do not come into the jail. Germs spread rapidly in a confined environment. Please dress simply and as conservatively as possible. You can be denied access into a facility if you are dressed inappropriately.

#### **Emotionally:**

Be fair, firm and consistent with all prisoners at all time. If you are asked to do anything by an inmate that is beyond the scope of your job, do not be afraid to say "NO". Do not jeopardize your jail clearance privileges of your ability to complete your assignment.

Security levels are different at each facility and within different areas of the facility; it is your responsibility to familiarize yourself with the rules at each facility you enter. Always ask your supervisor or deputized staff if you are unsure whether something is allowed. As a service provider in the San Francisco County Jail Complex you should be aware of certain rules and regulations which have been developed to ensure the safety and security of all personnel.

**CONDUCT GUIDELINES FOR CIVILIANS WITH ADMINISTRATIVE/VISITOR'S PASSES  
OR JAIL CLEARANCE CARDS**

1. Do not bring briefcases, purses or umbrellas into the facility. You should bring only an ID with picture and your keys.
2. Do not bring any item from outside the facility to give to the prisoners. This includes: cards, letters, newspapers, magazines, pictures or religious articles. Staff may bring newspapers, magazines, religious articles or art supplies which pertain to their lesson and have been approved by program staff.
3. Do not bring scissors or any sharp objects for classes unless approved by staff.
4. Do not bring in gum, candy, cigarettes or homemade food products to give to the prisoners.
5. Do not perform favors for the prisoners.
6. Do not give out your home telephone number or address.
7. Do not relay messages or take letters from prisoners outside the facility.
8. Do not pass inter-facility messages from prisoners.
9. Do not enlist any prisoner's complaints. Refer prisoners to appropriate channels.
10. Do not discuss any problems or policies with prisoners.
11. Do not discuss officer/deputy traits with inmates.
12. Do not wear clothing which will cause unwanted sexual comments and/or advances; wear conservative clothing while in the facility. *Do not wear all orange, white or blue.*
13. Do not leave keys lying around or give keys to prisoners.
14. Do not bring cell phones into jail.

**YOUR CLEARANCE CAN BE CONFISCATED IF THERE IS A THREAT TO SECURITY**

Deputies are responsible for your safety and security as well as the safety and security of the facility and the prisoners housed there. They monitor all jail activities and may ask you to leave an area at any time. It is important to respect their orders or their decisions. The reason for their request may not be immediately apparent to you as it could be related to events in another area of the facility. You should comply immediately and without discussion while in the presence of the prisoners. If possible, you will be given an explanation once you are in a non-secure location. If you have any questions regarding a deputy's decision, it should be directed to your supervisor.

**Replacement for lost or damaged cards:**

An incident report and a \$10.00 replacement fee are required before a replacement card is issued