WASHTENAW COUNTY
OFFICE OF THE SHERIFF

2201 Hogback Road ◆ Ann Arbor, Michigan 48105-9732 ◆ **OFFICE** (734) 971-8400 ◆ **FAX** (734) 973-4624 ◆ **EMAIL** sheriff@ewashtenaw.org

JERRY L. CLAYTON
SHERIFF

MARK A. PTASZEK
UNDERSHERIFF

PROCEDURE TO OBTAIN CLEARANCE

All clergy, therapists, social workers, case managers, etc. must apply and receive approval to obtain Professional/religious visits with an inmate at the Washtenaw County Jail. **You must be approved prior to visitation.** All requests must be submitted to Myra Wilson, Correctional Services Specialist. Once you have received clearance, the application must be renewed once a year in order to remain on the clearance list. The clearance process may take 1-2 weeks.

To obtain clearance, you must submit the following:

- Fill out the Washtenaw County Sheriff Department Volunteer Information Form completely (it must include your middle name).
- Attach a copy of your Driver's License, or State I.D.
- Attach a copy of proof of clergy such as: a copy of your clergy license, ordination papers.
  - Therapists, Social Workers, Case Managers, etc. must include a copy of Your professional license, or your work I.D. (if available). If not, then please supply a letter from your supervisor on department letterhead requesting your visit.
- If you are an acting clergy without a license, you will not be granted access to conduct professional visits with the inmates. You may schedule a regular visit with the inmate by logging on to the Washtenaw County website at www.ewashtenaw.org and setting up a visit.
- Include the name of the inmate you would like to visit on the form.
- Have your supervisor or Department head sign off on the application to verify you need to enter the facility to visit your client(s) (exception: pastors and independent professionals).
- The oath form must be completed, signed and turned in with application, or visiting privileges will be denied.
- Professional Visiting hours: 7 days a week 8am-9pm.

  Due to limited space, we ask that clergy visits are done between Mon.-Fri. - 5pm-9pm, or Sat-Sun. - 8am-9pm. However if space is available at the non specified time, clergy will not be turned away.

***A professional visit with an inmate who is a relative, friend or acquaintance is not permitted**. You must schedule a regular visit by calling the Visiting Officer @ 734-973-4363 between 11am -1pm. If you have further questions, or would like to check your clearance status, please contact Myra Wilson @ 973-4382, Monday- Friday; 8:30 am-4:30 pm.

The application can be mailed to: Correctional Services, 2201 Hogback Rd., Ann Arbor, MI 48105, or faxed to: 734-973-4389

WASHTENAW COUNTY SHERIFF DEPARTMENT
Professional Visitor/Volunteer Information Form

Please print and fill out completely

Full Name: _____
(Please include full middle name and any suffixes such as: Jr. Sr. II, or III)

Street Address: _____

_____

Signature of your department head approving request (please sign & print)**:** _____

Home Telephone: _____ Work Phone: _____

E-Mail Address:_____

The following information is needed for LEIN and CCH (Criminal History Check)

Soc. Security No.: _____ Driver's Lic.No.: _____

Race: _____ Gender: _____ D.O.B.: _____

******Please be advised this application expires a year from the date submitted. If you would like to continue your services, be sure to re-new your clearance application once a year at least a month prior to the expiration date to avoid any inconvenience.**

****Please attach a copy of your driver's license to the application**. **Driver's license must be attached or application cannot be processed****

My signature below indicates that the information provided on this form to the Washtenaw County Sheriff's Office is true and accurate. I understand that failure to provide true and accurate information can result in disqualification.

_____ Date: _____
Signature

Please check which group you are applying for volunteer services:

___ Christian Volunteer
___ GED Instructor
___ Internship W/whom? _____
___ Domestic Violence Group Facilitator
___ Safe House Volunteer
___ Pastoral Visit to see inmate: _____
___ CPS Worker
___ Other _____

___ Project Outreach/UofM
___ Project Community/UofM
___ AA Facilitator
___ NA Facilitator
___ CSTS/JPort
___ Catholic Volunteer
___ Art Therapy

****For Sheriff Department Completion****

_____ LEIN Checked and Cleared _____ CCH Checked and Cleared

_____ In-House Computer _____ Enact

_____ Approved Volunteer _____ Orientation Completed

_____ **Denied**: _____

Authorized By: _____
Director Richard Williams

Washtenaw County Office of the Sheriff
Request for Volunteer/Visiting Privileges

Name (Print): _____

Read each section carefully; then sign your initials in the spaces provided to indicate acceptance and agreement.

Oath: I hereby affix my initials and signature below, to evidence my solemn legal oath to obey the provisions contained herein. I therefore petition the Sheriff for volunteer/visiting privileges to the Washtenaw County Jail. If granted this privilege I will not use my position as a volunteer to meet with or visit family, friends or acquaintances that are incarcerated in the County Jail. _____ (initials)

Distribute No Articles: I shall not distribute anything to anyone in the jail unless approved by the jail security staff. This includes bibles, rosaries, religious articles, paper, pens, food, or anything else. Written prior approval can be granted by Sheriff Administration. In addition, I will not accept telephone numbers from the inmates to make any calls for them. _____ (initials)

Knowledge of Escape Attempts: I shall immediately notify the jail security supervisor of any information received, regarding plans to escape or to harm an individual, even if the information was learned in confidence. _____ (initials)

Arrest for Failure to Disclose: I understand to keep secret any plans to escape or to harm an individual, shall result in my arrest and being charged with aiding and abetting a criminal act or conspiracy. _____ (initials)

No Media Statements: I shall not make statements to the news media concerning the Washtenaw County Sheriff's Department, or any inmate herein. I shall not make any photographic, vocal, or video recordings of any person at the jail, without the specific approval of the Sheriff's public information director. _____ (initials)

Follow the Rules: I shall obey the verbal and written directives of the Sheriff, his employees, and the guidelines of the Jail Ministry. I shall not attempt to use threats, intimidations, or spread adverse rumors to use as leverage to change the Sheriff Department or the Jail Ministry's decisions concerning my visiting status. _____ (initials)

Chain of Command: I shall use the following steps to resolve problems. Step 1-through the Chaplain's office; Step 2-through the Correctional Services Director; Step 3- through the Jail Lieutenant for final resolution. _____ (initials)

******Penalty: *I consent that violation of this contract, at minimum, shall result in automatic revocation of my volunteer/visiting privileges, and shall serve as evidence of my knowledge and intent for the prosecution of any state laws.* _____ (initials)**********

Signature: _____ Date: _____