

BARTHOLOMEW COUNTY JAIL VISITOR APPLICATION

PERSONAL INFORMATION FORM FOR CLERGY, COUNSELORS, TEACHERS & VOLUNTEERS

This information application is to be completed and returned to Jail Command. This information will be used to perform a background check on persons that wish to come into the Jail for special activities.

(You will be contacted when approval is granted.)

NAME: _____ D.O.B. (18+) _____ SEX: _____ RACE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DAY TIME PHONE: _____ NIGHT TIME PHONE: _____

ORGANIZATION THAT YOU REPRESENT: _____

ADDREESS: _____ CITY, STATE, ZIP: _____

CONTACT PERSON: _____ CONTACT NUMBER: _____

FUNCTION TO BE PROVIDED AT THE JAIL: _____

SIGNED: _____ DATE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

_____ ONE TIME VISIT WITH INMATE

_____ VISIT ALL INMATES AVAILABLE TO VISIT

_____ VISIT PARTICULAR INMATE(S), IF CHECKED PRINT NAME (S) _____

FOR JAIL USE ONLY

DATE: _____ Background Check: _____ HISTORY: _____

Steps Completed: 1) _____ 2) _____ 3) _____ 4) _____

PREA TRAINING ON DATE: _____ REFERENCE VERIFICATION: _____

APPROVED: YES: _____ NO: _____ DATE Approved: _____ APPROVED BY: _____
