



ROBERT BENTLEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JEFFERSON S. DUNN
COMMISSIONER

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This constitutes my consent and authorization for the disclosure or furnishing of any relevant and necessary personal information or records, whether the records are of a public, private or confidential nature, to the Alabama Department of Corrections (ADOC) by any person, corporation, agency, or association concerning my moral character, education, financial transactions, medical history, employment records, criminal records, driving records, military service records, and any other information as may be relevant and necessary for a determination on my suitability as an employee, volunteer, visitor, vendor, or contract employee with ADOC. I authorize and request the full release of the information, without any reservation, throughout the duration of my association with ADOC. Your reply will be used to assist the ADOC in making a determination on my suitability.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Alabama Department of Corrections (ADOC) in conjunction with the department's employment, volunteer, or visitation policies and/or other security matters and that this information is the sole property of the ADOC regardless of the outcome of this investigation. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the documents, records, and other information provided.

I hereby release the persons, corporations, agencies, associations and their employees, agents, and representatives both individually and collectively, from any and all liability for damages of whatever kind, which may result because of compliance with this authorization and request.

PRINTED NAME

ALIAS NAMES (Also Known As, Maiden Names or Nicknames)

APPLICANT'S SIGNATURE

DATE

Sworn to and subscribed before me this _____ day of _____ A. D., 20 _____

Notary Public

My Commission Expires: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THE REQUEST SHALL BE FOR ALL INTENT'S AND PURPOSES AS VALID AS THE ORIGINAL.
YOU MAY RETAIN THIS FORM IN YOUR FILE.

Alabama Department of Corrections

PERSONAL INFORMATION SHEET

All persons desiring to enter any ADOC facility must complete the following form. The information on this form will be kept confidential. All information is subject to investigation. False or omitted information will result in you being denied approval to enter any/all ADOC facilities. This application is for the specific facility to which request is made.

1. Reason for applying for entry: _____

2. Facility: _____

3. Personal Information (Submit a copy of current government agency issued identification):

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Address) (City) (State) (Zip)

Phone: Home: () Work: ()
(Optional) Cell: () Email: _____

In case of emergency, contact: Name: _____
Relation: _____
Phone: () _____

SSN: _____ DL # _____
DOB: _____ State _____

Are you a U. S. Citizen: ___ Yes ___ No

If No, you are a citizen of: _____

4. LEGAL DATA:

4a. Have you, your family, or close friend ever been a victim of a crime? Yes No

If Yes, explain information about the crime and the name(s) of the offender(s): _____

4b. Have you ever been arrested? Yes No

If Yes, what were the charge(s)? _____

Case Number(s): _____ County: _____

Disposition of case(s): _____

4c. Do you have any relatives, or close friends, incarcerated in an ADOC institution? Yes No

If Yes, provide the following information: _____

Inmate's name(s): _____
Inmate's AIS #: _____
Inmate's institution: _____

4d. Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment? Yes _____ No _____
If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigations(s).

Signature: _____ Date: _____

5. ADMINISTRATIVE DECISION:

NCIC Checks Yes _____ No _____
completed:

____ Approved _____ Disapproved

Reason For Disapproval:

Administrator's Printed Name: _____

Administrator's Title: _____ Date: _____

Administrator's Signature: _____

VOLUNTEER AGREEMENT FORM

Volunteers will not:

1. Trade, barter, accept a gift from or present a gift to an inmate(s), solicit or request funds from an inmate(s), etc.
2. Introduce into the facility or take any article, property, etc., whatsoever from the facility without written authorization from the Warden or his/her designee.
3. Allow themselves to show partiality towards or become emotionally involved with an inmate(s).
4. Provide any information to any source including newspapers, radio, television, etc., involving any inmate(s).
5. Enter the facility when using or under the influence of intoxicants or narcotics that are not prescribed by a physician.
6. Display conduct that is disgraceful, etc., that adversely affects their effectiveness as a volunteer.
7. Refuse to submit to personal searches or searches of their personal property or vehicles while on institutional property, when requested by the proper authority.
8. Criticize the facility's policies, personnel, administration, etc., while in the presence of inmates. You are advised to discuss these matters only with the volunteer supervisor, etc.
9. If applicable, criticize or downgrade other religious belief systems, utilize peer pressure, shame, coercion, etc., to force participation in the program, service, etc.
10. Make additions to the volunteer list without the written approval of the Warden or his/her designee.
11. Enter the facility unless an Approved Volunteer Information Form(s) is on file at the St. Clair Correctional Facility, in the possession of a valid picture ID card, etc.
12. Be under the legal age of twenty-one (21) years of age to enter the facility as a volunteer.
13. Enter the facility if he/she is a former inmate currently on parole and/or a former employee of the Alabama Department of Corrections.

VISITATION DRESS CODE FOR ST. CLAIR

NO VISITOR, MALE/FEMALE OR CHILDREN, MAY ENTER THE FACILITY WEARING WHITE CLOTHING/SHORTS/COATS OR JACKETS

MALE VISITORS:

Shirts – No tank tops, muscle shirts or athletic shirts (sweat suits/jogging suits) and no sleeveless shirts

Trousers – No shorts or athletic pants (jogging pants/sweat pants)

No hats, caps, scarves or headbands

Must wear shoes/sandals, including children (no flip-flops or shower shoes/slides)

Braided hair will be allowed, however, if anyone attempts to undo the braids, the visitor will immediately be escorted out of the institution, terminating the visit

FEMALE VISITORS:

Skirts/dresses – All must be knee length or longer, with no above knee splits, no button ups or wrap-around skirts or dresses will be allowed

Blouses/shirts – all bloused or shirts must be long enough in length to cover the waist area completely with no midriff exposure, cannot be sleeveless

No tank tops or low cut shirts are allowed

No sunglasses except by prescription only

No halter-tops are allowed

No see through fabrics are allowed, no shorts, jogging suits or stretch pants (tight fitting with elastic type fabrics).

No sun-back/sun dresses are allowed.

No mini-skirts

Must wear a complete set of undergarments (bra, panties, etc., panty hose do not take the place of panties)

No hats, caps, scarves or headbands will be allowed. No wigs (unless prescription by Doctor for legitimate medical problem and prior approval of the Warden). Braided hair will be allowed but can't undo any time.

Must wear shoes or sandals (no flip-flops or shower shoes/slides), this includes children.