



MONROE COUNTY SHERIFF'S OFFICE  
BUREAU OF CORRECTIONS  
FACILITY CLEARANCE APPLICATION IF  
VOLUNTEERING FOR PROGRAMS

**SPECIAL CLEARANCE FOR UNIT D  
FOR ICE OFFICIALS**

Program Coordinator Requesting Visitor: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Coordinator Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Visit: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Reason for the request: \_\_\_\_\_

Equipment needed for visit: \_\_\_\_\_

\*\*\*\*\*

VISITOR'S INFORMATION

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

MAIDEN NAME: \_\_\_\_\_ ALIAS's: \_\_\_\_\_

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ PLACE OF BIRTH: CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CELL PHONE \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVERS LICENSE OR ID # \_\_\_\_\_ STATE: \_\_\_\_\_

\*\*\*\*\* EACH APPLICANT MUST SUBMIT A COPY OF THEIR VALID PHOTO ID OR DRIVERS LICENSE BEFORE REQUEST WILL BE REVIEWED. \*\*\*\*\*

Do not write below this line

\*\*\*\*\* Official Use Only \*\*\*\*\*

Criminal History Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Deniel: \_\_\_\_\_