



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

SPECIAL CLEARANCE VISIT

One time only per year, No exceptions

After this special visit to return with the program, you must attend a volunteer orientation

Name of 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: Pagan Charlene Elizabeth
(LAST) (FIRST) (MIDDLE)

MAIDEN NAME: Muth ALIAS's: None

DOB: 10 - 30 - 1961 PLACE OF BIRTH: Fayetteville CITY: STATE: NC

SSN: 538 - 68 - 7672 RACE: Cau SEX: Female

HEIGHT: 67" WEIGHT: 140 HAIR: Blonde EYES: Green

HOME ADDRESS: 16780 Cypress Rd

CITY: Sugarloaf Shores STATE: FL ZIP CODE: 33042

CONTACT PHONE NUMBER: 954 - 612 - 7079 CELL PHONE 954 - 612 - 70079

DRIVERS LICENSE OR ID # P250-150-61-890-0 STATE: FL

***** 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: _____

Florida *The Sunshine State*

DRIVER LICENSE CLASS E
P250-105-61-890-0

CHARLENE ELIZABETH
PAGAN

16780 CYPRESS RD
SUGARLOAF SHORES, FL 33042

DOB: 10-30-1961 SEX: F

ISSUED: 10-21-2009 HGT: 5-07

EXPIRES: 10-30-2017

REST: A

ENDORSE:

REPLACED: 09-19-2011

Charlene E. Pagan

ORGAN DONOR

SAFE DRIVER