JACKSON COUNTY JAIL
SPECIAL ADMISSION WAIVER & RELEASE

Organization Employed With: _____ License #: _____

I, _____ (hereinafter Applicant), understand that Jackson County Sheriff's Office will conduct an investigation that includes obtaining information regarding any criminal background. Applicant also understands the criminal history background check may include contacting jurisdictions for criminal records.

Applicant understands the information contained in the criminal history background check will be available to those persons involved in approving my authorization to conduct official business at the Jackson County Sheriff's Office.

Applicant hereby consents to the criminal history background check as described above and authorizes Jackson County Sheriff's Office to obtain report concerning my background as stated above. Applicant hereby releases the Sheriff's Office, it's deputies, agents and employees from all liability related to the Sherriff's Office using my criminal background information to make decisions on approval or denial for conducting business at the Sheriff's Office.

The following information is provided for your guidance during the period of time that you will be in the Jail Facility. Please read the information carefully.

1) You may be subject to a search of your person and belongings upon entry. Refusal will result in revocation ofclearance.
2) You are expected to present a professional appearance during visits.
3) You are asked not to communicate or otherwise correspond with any prisoner, other than those you may be here to see, in carrying out your duties and or functions.
4) Please do not bring anything into the Jail for any prisoner and do not attempt to take anything out of the Jail for a prisoner without having first received approval of the Jail Commander or Sheriff.
5) Any weapons, alcoholic beverages, drugs or narcotics are forbidden within the Jail.
6) You are asked to go directly to and from your concerned areas of the facility.
7) If confused or lost, please seek immediate assistance from a uniformed deputy. Do not move about the facility any more than necessary.
8) If directed to leave the area or facility by sworn staff, you will comply without question.
9) JCSO has a zero-tolerance policy regarding sexual abuse and sexual harassment. Incidents are to be reported to the on-duty Supervisor.

Signature: _____ Date: _____

Applicant Information

Applicant Name: _____ Date of Birth: _____
Other Names Used: _____ Last 4 of SS#: _____
Applicant Address: _____
Personal Phone: _____ Personal E-Mail: _____

Employment Information

Employer Address: _____
Business/Work Phone: _____ Business E-Mail: _____
Purpose for Visit: _____
Anticipated Length and/or Frequency of Visits: _____

For Admin Use Only

Admin Staff: CCH Attached: ☐ Yes ☐ No SO#_____ Initials: _____ Date: _____

Command Staff Approval: ☐ Yes ☐ No Signature: _____ Date: _____

☐ Project Dates Only ☐ Long Term (up to 2-years) Jail Access Level: 1 2 3 4 5

When complete fax to 541-776-7060 Attn: Admin Assistant or e-mail to Jail-Admin@JacksonCounty.org