



Office of the Sheriff
Monroe County, New York
Sheriff Todd K. Baxter
Undersheriff Korey K. Brown

Thank you for your interest in obtaining jail clearance to work with our incarcerated population!

Jail clearance process:

1. Submit clearance packet to your program coordinator or the Director of Rehabilitation, Monroe County Jail, 130 S. Plymouth Ave, Rochester, NY 14614. Please make sure the forms are complete and accurate. Be honest and as detailed as you can. Prior arrests and knowing anyone incarcerated does **NOT** automatically preclude you from obtaining clearance; however, dishonesty and omissions will. You also need to be free of contact with the criminal justice system (jail, prison, secure treatment facilities, probation, and parole) for a minimum of four years. You must be at least 18 years old to enter the facilities.

You must include ALL of the following or your application will not be processed:

- Clearance Application
- Custody Form
- Copy of driver's license or other government issued photo ID (i.e. passport)

2. Once the above documents are received, the Sheriff's Office will conduct a record check, warrant search, and facility database search. If you are entering the jail (not visits), you will need to be fingerprinted as part of the record check.
3. You (or your program coordinator) will be notified whether or not your paperwork has been approved.
4. If approved, you will need to sign up for and successfully attend an orientation session before being allowed access to the facility.
5. Individuals may be denied entrance with criminal histories that involve serious crimes such as murder, attempted murder, assault, robbery, sexual offenses, stalking, and kidnapping. In addition, individuals charged with possession or sale of drugs, promoting prison contraband, hate crimes, weapon offenses, or terrorism may not be granted access although their criminal history is greater than four years.



Office of the Sheriff
Monroe County, New York
Sheriff Todd K. Baxter
Undersheriff Korey K. Brown

Name: _____

DOB: _____

Alias/Maiden Name: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Address: _____

Email: _____ **Gender:** M F

Race: White Black Hispanic Asian Native American Other _____

Organization: _____ **Organization Phone:** _____

Clearance Type Requested: Professional Visiting Room Inside Security

Purpose of Clearance: D/A Rehab Program Educational Program Reentry Program

Religious Volunteer Contractor Medical/Mental Health Food Service/Commissary

Have you ever been arrested? Yes No **Do you have a Criminal Record?** Yes No

If yes, please explain (include city and state of arrest): _____

Are you on Probation or Parole? Yes No **Have you ever been on Probation or Parole?** Yes No

If yes, please explain: _____

Do you need any special accommodations? Yes No If yes, please explain: _____

Applicant's Signature: _____ **Date:** _____

Office Use Only

Orientation Completed: Yes N/A **Date:** _____

eJustice Completed: Yes N/A **Date:** _____

Clearance Type Approved: Visits Only Inside Security **Date:** _____

All Access Contractor (with escort) Program/Group/Service Only Vendor ID

Completed By: _____ **PIN:** _____

Applicants for employment or volunteer positions, and professional agencies working with incarcerated individuals in the Monroe County Jail facilities must complete this form in order to assure compliance with certain standards and policies. A "yes" response will not disqualify applicants from obtaining security clearance.

1. Your name: _____

2. Do you know anyone who is **currently or ever been** incarcerated in the Monroe County Jail or the Andrew P. Meloni STAR Academy (formerly Monroe Correctional Facility)?

Yes

No

Yes, but in a professional capacity only

3. If yes, please list all incarcerated individuals known to you except those in a professional capacity:

NAME	RELATIONSHIP

4. Have you ever worked or volunteered in a correctional setting (jail, prison, youth facility)? Yes No

If yes, please explain (include facility name and state): _____

I declare, subject to the penalties of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made, if subsequently discovered, may result in revocation of my security clearance.

Signature of Applicant

Date