

SECURITY CLEARANCE AGREEMENT

By my signature subscribed below, I hereby authorize the Henrico County Sheriff's Office to conduct a background investigation in connection with my application to perform volunteer, contractual or other authorized services within the confines of the County Jail. I understand that this investigation may include information as to schools attended, prior arrests and/or criminal convictions. Division of Motor Vehicle records, personal references, previous and/or present employers, professional references and any other sources deemed necessary. Knowing this, I hereby authorize the release of any information that the Henrico County Sheriff's Office may request from any or all the above sources.

Further, I agree that if I am authorized to engage in any authorized activities within the confines of the Henrico County Jail that I will abide by all rules & regulations as set forth below: and knowing that the Henrico County Jail houses dangerous criminals who may pose a threat to my safety & security.

I agree to "hold harmless" the Sheriff of Henrico County, his employees, Henrico county, its employees and agent for any injury that may occur to myself while engaged in any activity within the confines of the Henrico County Jail or for the Henrico County Sheriff's Office.

Finally, I understand that authorization to enter the confines of the Henrico County Jail is a privilege and, that as such: this privilege may be revoked at any time without notice. Failure to comply with the provisions of this agreement, giving false or inaccurate information, or failure to comply with any on-going investigation will automatically result in revocations of any privileges so granted.

RULES & REGULATIONS

1. Anyone convicted of a felony or other crime involving moral turpitude will be denied access to the Henrico County Jail (hereinafter referred to as the facility). however, exceptions may be granted by the Sheriff on a case-by-case basis.
2. All state, federal and local laws will be strictly adhered to, and all persons must immediately obey all lawful orders given by the security staff.
3. Inmates will be treated in a professional and courteous manner. No person will be belittled, humiliate, or threaten any inmate while in the confines of the facility.
4. For your own safety, do not engage in any "personal" conversations with any inmate. Specifically, do not reveal your home address, telephone number or any other personal information regarding yourself or any other person associated with the Henrico County Sheriff's Office.
5. Political activity of any kind is prohibited within the facility.
6. Only those items, material and/or equipment essential to accomplish your authorized activity will be allowed in the facility: and those must be approved in advance by the Jail Administrator or his designees. Any loss or theft of any such item, material and/or equipment must be reported immediately to the shift supervisor prior to leaving the facility.
7. At no time will any item be delivered to an inmate without the express written permission of the Jail Administrator, Chief Deputy or the Sheriff. (This includes but is not limited to messages, letters, packages, personal items, food, contraband, magazine)
8. Identification issued by the Sheriff's Office will be worn & visibly displayed at all times while in the confines of the facility.
9. You will immediately report any of the following:
 - a. Assaults or attempted assaults
 - b. Threats of any kind
 - c. Any criminal or suspected criminal activity
 - d. Any attempt by an inmate to engage you in a violation of this policy
 - e. Any violation or suspected violation of any provisions of the aforementioned policy
 - f. Any other situation or activity which would compromise the integrity or security of the facility
10. All staff, including contractors and volunteers, are hereby advised that exposure to any/all information pertaining to inmates, records, events, etc.. are to be released to anyone without the approval of the Sheriff or his designee. Additionally, all staff, contractors and volunteers shall receive additional written information pertaining to the Sheriff's Office Policy regarding confidentiality of information. Upon receiving additional information they will acknowledge, in writing, their receipt of and willingness to comply with such.

Prison Rape Elimination Act (PREA) HIRING AND PROMOTION PROHIBITIONS: The Henrico County Sheriff's Office must adhere to the United States Department of Justice Final Rule on the "National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards" at 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-A834. The Henrico County Sheriff's Office may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answers "Yes" to any of the following questions:

1. Have you ever engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution? Yes No
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
3. Have you been civilly or administratively adjudicated to have engaged in the activities described? Yes No

I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify Internal Affairs within twenty-four hours of my involvement in any of the above. I understand that this agency has the authority to conduct random criminal history background checks to ensure compliance with these federal standards in relation to the agency's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification.

I have read and understand the provisions of this agreement and agree to comply with the provisions as they are so stated.

Applicant's Signature : _____

Date: _____

Witness' Signature : _____

Date: _____

DEPARTMENTAL USE ONLY

Additional Comments:

Signature of Authorized Agency Representative

INVESTIGATION REVIEW & RECOMMENDATIONS

VCIN/NCIC	<input type="checkbox"/> Clear	<input type="checkbox"/> Hit
Jail Management System	<input type="checkbox"/> Clear	<input type="checkbox"/> Hit
Richmond Warrant System	<input type="checkbox"/> Clear	<input type="checkbox"/> Hit

FINDINGS:

APPROVED

DISAPPROVED

SIGNATURE OF INVESTIGATION OFFICER

SIGNATURE OF JAIL ADMINISTRATOR OR DESIGNEE