



**SANTA CRUZ COUNTY SHERIFF'S OFFICE  
CORRECTIONS ACCESS APPLICATION & AGREEMENT**

☐ **NEW**  
☐ **RENEWAL**

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING APPLICATION**

- 1) Applicant to complete personal information and sign understanding/authorization. Business/Organization designee requesting access must complete the designee section of application, sign, and submit application on behalf of applicant to email listed below.
  - 2) A legible copy of government issued ID must be submitted with application (matriculas are not accepted).
- Visitors / Contractors / County Employees must submit applications at least 5 days before access. Clearance duration determined by need. Access will expire within a year from date approved. A Renewal Corrections Access Application and copy of government issued ID must be submitted prior to expiration date to maintain access, pending approval.
  - Contracted Employees / Program Providers requesting access must complete and submit a Live Scan upon initial approval for Corrections Access. An annual refresher is required thereafter to maintain access.
  - Corrections Access Orientation is required for Inmate Programs, Contracted Employees and others who have direct contact with inmates. Business/Organization designee requesting access must coordinate completion of Orientation with Jail Contact prior to applicant's admittance.
- Visitors / Contractors / County and Contracted Employees must submit applications electronically to: [shfailreception@santacruzcounty.us](mailto:shfailreception@santacruzcounty.us)  
Inmate Program Providers must submit applications electronically to: [DORClearances@santacruzcounty.us](mailto:DORClearances@santacruzcounty.us)

**APPLICANT: PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ (MM/DD/YYYY)  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Government Issued Identification # \_\_\_\_\_ (A legible copy of ID must be submitted with application)  
Have you been arrested in the past 5 years? ☐ NO ☐ YES (If YES list date and circumstances of arrest below)  
\_\_\_\_\_  
Are you on Probation, Parole or PRCS? ☐ NO ☐ YES (If YES list status of probation/parole/PRCS)  
\_\_\_\_\_

**APPLICANT: PLEASE READ AND SIGN BELOW**

I understand that Corrections Access is granted to conduct professional related matters only. I understand that I am not to use Corrections Access to have contact with incarcerated friends or family members. Any contact I have with an incarcerated friend or family member must be in accordance with standard inmate visiting rules and protocols separate from this agreement.

I authorize the Sheriff's Office to complete a full criminal history check and any applicable background investigation to obtain and maintain authorization to access the secured portion of the correctional facilities. I verify that the information provided on this form is true and accurate. I understand that failure to provide true and accurate information can result in disqualification. I agree to update the information on this application as needed.

I understand that any misconduct or violation of Sheriff's Office facility rules, or failure to comply with the directions of Sheriff's Office personnel could result in my immediate removal from Sheriff's Office facilities, denial of future access, and/or arrest and prosecution.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS/ORGANIZATION DESIGNEE: PURPOSE FOR CORRECTIONS ACCESS REQUEST & CONTACT INFORMATION**

Business/Organization \_\_\_\_\_ Purpose \_\_\_\_\_ Jail Contact \_\_\_\_\_  
Designee \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Designee Signature Rebecca C. Luie Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

(Update: 01.10.22 kc)

<b>Clearance Duration:</b> <input type="checkbox"/> 1 Day <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-90 days <input type="checkbox"/> Annual <input type="checkbox"/> Live Scan				<b>Category</b> _____		<b>Access Type</b> _____	
<b>Approved Supplies</b> _____		<b>Facility Supervisor Approval</b> _____		<b>Date</b> _____			
<input type="checkbox"/> Orientation Required		Orientation Registered for _____		Orientation Completed On _____		Verified By _____	
<b>Background Check:</b>							
DMV CURRENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FELONIES (LAST 5 YRS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PROBATION	YES <input type="checkbox"/> NO <input type="checkbox"/>
CRIMINAL HISTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MISDEMEANOR (LAST 5 YRS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PAROLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER _____			WARRANTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PRCS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Completed By _____		Date _____		<input type="checkbox"/> JMS PROFILE CREATED / UPDATED		<input type="checkbox"/> ENTERED APP LOG	
<input type="checkbox"/> Access Approved		<input type="checkbox"/> Access Denied		<b>Facility Commander Signature</b> _____		<b>Date</b> _____	
<input type="checkbox"/> JMS ACCESS UPDATED <input type="checkbox"/> APP LOG UPDATED <input type="checkbox"/> LS LOG UPDATED <input type="checkbox"/> APP SCANNED				EXP DATE: _____		OA III: _____ Date: _____	

# County of Santa Cruz

---

Sheriff-Coroner Corrections Bureau  
259 Water St, Santa Cruz, CA 95060  
(831) 454-2852 FAX: (831) 454-2884

**Jim Hart**  
Sheriff-Coroner

## Liability Waiver

I am aware of the nature and risks associated with performing services in correctional facilities, including the County Jail, and I agree to take due caution in performing services in Santa Cruz County correctional facilities. In exchange for being allowed to perform services in Santa Cruz County correctional facilities, I agree to release and hold harmless the Santa Cruz County Sheriff, the County of Santa Cruz, and their officers, agents, employees, and volunteers from any claim for personal injuries or damage to property that I, or anyone claiming under me or on my behalf, may incur that arises from or relates to my volunteer services, to the full extent allowed under California law. I further agree to indemnify, hold harmless, and defend the Santa Cruz County Sheriff, the County of Santa Cruz, and their officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees, and damages of any kind for liability which they may incur that arises from or relates to my own negligence or willful misconduct associated with my services at the County Jail, to the full extent allowed under California law.

**Business/Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_