



**ALAMEDA COUNTY SHERIFF'S OFFICE
INMATE SERVICES UNIT
SECURITY SITE CLEARANCE FORM – INSTRUCTIONS**

All volunteers requesting access to the Santa Rita Jail for the Bill Glass Ministries event must fill out a Security Site Clearance form. Per the Alameda County Sheriff's Office policy, applicants will be denied if they are not truthful, omit information, are deceptive, or do not completely fill out the form. (If you are a current volunteer at the Santa Rita Jail please fill out a site clearance.)

When filling out the form, please do not leave any lines blank. If the line does not apply to you, please use the acronym "NA". If the question requires a YES or NO answer, please answer appropriately.

If you have ever been arrested or charged with a crime, please provide the appropriate information. Having been charged or convicted of a crime *does not* automatically disqualify you. Not listing the arrest or conviction is an automatic disqualifier. Each application is reviewed on a case by case basis.

We understand that complete information regarding arrests that occurred several years ago is not always available. Please give us as much information as possible.

Approval or denial status is shared with the applicants only.

Disqualifiers:

- Leaving any line blank where an answer is required.
- If you have any type of arrest record you must declare it on the form no matter how old.
- An arrest is not a conviction. You must list each arrest. Example: You were arrested for a DUI but the charge was dropped. You must list the DUI as an arrest.
- If you are current on probation or parole our rules do not allow you access.
- Not signing the form will disqualify you
- If you fax, deliver, or drop off the form outside the proper channels, you will not be approved.

Thank You,

A handwritten signature in cursive script that reads "Dean White".

Dean White
Alameda County Sheriff's Office
Programs Supervisor
(925) 803-██████

ALAMEDA COUNTY SHERIFF'S OFFICE
SECURITY SITE CLEARANCE

PLEASE TYPE OR PRINT Email Address: _____

LAST NAME: _____ FIRST: _____ MI: _____ DOB: _____

ADDRESS: _____ CITY: _____ APT: _____ ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____ RACE: _____ SEX: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DRIVER'S LICENSE #: _____ STATE: _____ SSN: _____

CONTRACTOR EMPLOYER: N/A JOB TITLE: N/A SUPV: N/A

REASON FOR VISIT: BILL GLASS MINISTRIES DATE OF VISIT: 3/24/17

START DATE: N/A **PERMANENT POSITION:** N/A **TEMPORARY POSITION:** N/A

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ PHONE: _____

DO YOU CURRENTLY KNOW **ANYONE** IN CUSTODY IN THE ALAMEDA COUNTY JAIL SYSTEM? YES NO
(THIS INCLUDES FAMILY, FRIENDS, ASSOCIATES, ETC.)

HAVE YOU EVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCIES? YES NO

HAVE YOU EVER BEEN CHARGED OR CONVICTED ANY TYPE OF CRIMINAL OFFENSE? YES NO

HAVE YOU EVER ENGAGED IN ANY TYPE OF SEXUAL ABUSE IN ANY CONFINEMENT SETTING? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY SEX CRIME? YES NO

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN SEXUAL ABUSE IN ANY TYPE OF CONFINEMENT FACILITY? YES NO

HAVE YOU EVER BEEN ACCUSED OF SEXUAL ABUSE/HARRASSMENT YES NO

FAILING TO LIST AN ARREST OR CONVICTION WOULD BE BASIS FOR DENIAL.
IF YOU HAVE BEEN ARRESTED OR CHARGED WITH A CRIME EXPLAIN BELOW

DATE	CHARGE	ARRESTING AGENCY	DISPOSITION
(IF MORE SPACE IS REQUIRED USE AN ADDITIONAL SHEET OF PAPER)			

I UNDERSTAND THAT I AM SUBJECT TO AND GIVE MY CONSENT TO BE SEARCHED, INCLUDING MY PERSON, AFFECTS AND VEHICLE AT ALL TIMES THAT I AM ON JAIL PROPERTY.

FURTHERMORE, IF ANYONE I KNOW COMES INTO CUSTODY WITHIN THE ALAMEDA COUNTY JAIL SYSTEM, I WILL NOTIFY THE CLASSIFICATION UNIT SERGEANT IN WRITING WITHIN 24 HOURS.

THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY FALSE STATEMENT IS CAUSE FOR MY SITE CLEARANCE TO BE REVOKED.

APPLICANT SIGNATURE: _____ DATE: _____
(APPLICANT: KEEP A COPY OF THIS FORM FOR YOUR REFERENCE)

DMV: _____ REMARKS : _____
JPQN: _____ REMARKS : _____
JPPS: _____ REMARKS : _____
WPS: _____ REMARKS : _____
CII : _____ REMARKS : _____

CLEARANCE DEPUTY: _____ BADGE#: _____ DATE: _____
SUPERVISOR: _____ BADGE#: _____ DATE: _____

APPROVED DENIED COMMENTS: _____
GDJ _____ SRJ _____ CRC _____ ID BADGE ISSUED AT DATE: _____

FAX to Backgrounds _____
~~FAX COMPLETED FORM TO IMMIGRATION SERVICES (925) 551-6586~~

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT
("AGGREEMENT")

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. YOU SHOULD GET APPROPRIATE LEGAL OR OTHER ADVICE BEFORE SIGNING IT.

IN CONSIDERATION for being permitted to participate in any way in the "Bill Glass Inside The Walls" event at the Santa Rita Jail ("Event") I, for myself, for my personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree, and represent that I understand the nature and risks of the activities I will undertake during my performance at the Event and that I am qualified, properly trained, in good health, and in proper physical condition to participate in such performance and activities. I further agree and warrant that if at any time I believe conditions to be unsafe for myself or others viewing my performance and/or activities, I will immediately discontinue further participation in the performance and/or activities. For purposes of this AGREEMENT, the term "performance" shall include setting up and taking down the apparatuses, equipment, and motorcycles used during my participation in the Event.

FULLY UNDERSTAND THAT: (a) MY PERFORMANCE AND ACTIVITIES AT THE EVENT INVOLVE RISKS AND DANGERS OR SERIOUS BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in, or observing, the Event, my performance and/or activities, the conditions in which the Event, my performance and/or activities take place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; and (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, performance, and/or activities in the Event.

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE for County of Alameda, the Alameda County Sheriff's Office, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Event, performance and/or activities take place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES", THIRD PARTIES, OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

AGREE TO SAVE AND HOLD HARMLESS AND INDEMNIFY THE RELEASEES AND EACH OF THEM a) from any and all liability for any damage to the personal property of, or personal injury to, any third party

resulting from my participation, performance, and/or activities in the Event; and b) from any and all claims, demands, actions and costs which might arise out of my participating in the Event, even though such claims, demands, actions and costs which might arise out of my participating in the Event, even though such claims, demands, actions and costs may have been caused by the negligence of the Releasees.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Restrictions on Use of County Property: I shall not use the County Property for any activities that are not expressly permitted or by other written authorization of the ACSO. This shall include yourself, any of your company's officers, agents, employees, invitees, guests, contractors, or subcontractors, and their employees. By way of example only and without limitation, the following uses of the County Property are prohibited:

- a. You shall not construct or place any permanent structures, signs or improvements on the County Property, nor shall you alter any existing structures, signs or improvements on the County Property.
- b. You shall not conduct any unauthorized activities on or about the County Property nor conduct any activities that constitute waste or nuisance.
- c. You shall not damage County's real or personal property.
- d. You shall not cause any Hazardous Material to be brought upon, kept, used, stored, generated or disposed of in, on or about the County Property, or transported to or from the County Property or any other real or personal property of the County.
- e. You shall abide by all instructions from ACSO personnel.

A failure to meet these terms and conditions may result in a revocation of your permission to be on County Property, and any other actions as permitted by law.

PRINTED NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NUMBER: _____