

JUVENILE-PROVISIONAL CLEARANCE FOR TEMPORARY VOLUNTEER(S) FORM

| | | |
|---|-----------------------------|---------------------------------------|
| Volunteer Name (First, Middle and Last): _____ | | |
| Organization Name: _____ | | |
| Organization Address: _____ | | |
| CDL # or ID # (attach a copy): _____ | | Ethnicity: _____ |
| Phone Number (Area code + Number): _____ | | DOB (Month, Date, Year): _____ |
| Visiting What Facility: _____ | Date of Visit: _____ | Time of Visit: _____ |

Purpose Summary:

JUVENILE HALL SUPERINTENDENT OR CAMP REGIONAL MANAGER USE ONLY
1st Level Review and Approval/Denial

 Reviewed by: _____ Date: _____

Approved Denied/Explanation: _____

BACKGROUND INVESTIGATIONS UNIT USE ONLY

Background Record Check Completed on: _____ By: _____

Meets Background Guidelines Does Not Meet Background Guidelines

FINAL PROVISIONAL CLEARANCE APPROVAL – BUREAU CHIEF USE ONLY
2ND Level Review and Approval/Denial

Approved Denied/Explanation: _____

 Review and Approved by: _____ Date: _____