



Office of the Sheriff

MONROE COUNTY
"ONE TEAM"



Sheriff Todd K. Baxter

Undersheriff Korey K. Brown

130 SOUTH PLYMOUTH AVENUE, ROCHESTER, NY 14614

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

Jail clearance process:

1. Submit clearance packet. 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 include **ALL** of the following or your paperwork will not be processed:

- Clearance Application
 - Family/Friend 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.
 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.



Monroe County Jail and Andrew P. Meloni: Star Academy Application for Clearance to Enter Facilities



COPY OF DRIVER'S LICENSE OR PHOTO ID WITH DOB REQUIRED
You must be at least 18 years old to enter the facilities

Todd K. Baxter - Sheriff

Korey K. Brown - UnderSheriff

Maurice Leone- Superintendent

Name: _____ DOB: _____

Alias/Maiden Name: _____ Personal Phone: _____

Address: _____ Email: _____

Gender: M F Race: White Black Hispanic Asian Native American Other _____

Organization: _____ Organization Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Clearance Type you are requesting: Clergy Group Church Service Educational Program
Professional Agency Rehab Program AA NA Other (describe): _____

Have you ever been arrested? Y N If yes, please explain: _____

Do you have a Criminal Record? Y N If yes, please explain: _____

Are you on Probation or Parole? Y N If yes, please explain: _____

Have you ever been on Probation or Parole? Y N If yes, please explain: _____

Do you need any special accommodations? Y N If yes, please explain: _____

Applicant's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

Office Use Only

Orientation Completed: Y N Date: _____

eJUSTICE: Y N Date: _____

MoRIS Completed: Y N By: _____ Date: _____

Clearance: DENIED Reason: _____
APPROVED Date: _____

Type of Clearance: All Access Program Only Visits Only Contractor Vendor ID

Notified of Clearance: email phone mail in person Date: _____

Completed By: _____ PIN: _____

Please return this form to MCJIntelligence@monroecounty.gov and a copy of the required ID to facility staff sponsoring your program or to the Director of Rehabilitation, Monroe County Jail, 130 S. Plymouth Ave, Rochester, NY 14614



Applicants for employment or volunteer positions within 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 inmates known to you except those in a professional capacity:

NAME	RELATIONSHIP

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