



JOHN D. SNAZA  
Sheriff

# Thurston County Corrections Facility

AUTHORIZED ENTRY

2000 Lakeridge Drive SW • Olympia, WA 98502-6045 • (360) 786-5510

The following information is needed in order for us to complete a background check and provide you clearance to the Corrections Facility. All information is contained in this application or developed during the background investigation will be strictly confidential for use only within this department for administration of the program.

**A legible copy of your drivers license must accompany this application.**

Please specify your visiting purpose:  CONTRACTED  ONE-TIME VISIT  VOLUNTEER

Name \_\_\_\_\_  
(Last) (First) (Middle)

A.K.A./Maiden Name/Other \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
(Include mailing address if different) (Zip)

Phone # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_  
(Include State)

DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Race \_\_\_\_\_ Place of Birth \_\_\_\_\_

Provide details of any arrests to include charge, date, arresting agency and disposition: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_  
(Most recent, if unemployed)

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Full/Part Time \_\_\_\_\_ May we contact, Y/N? \_\_\_\_\_

What is the reason for you to enter to the facility? (repair services, counseling, etc.) \_\_\_\_\_  
\_\_\_\_\_

If you are coming in for one of our programs, how did you hear about the position you're applying for? \_\_\_\_\_  
\_\_\_\_\_

Character References (Name, address, phone # of two local persons to contact, excluding relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone # \_\_\_\_\_

Your email address: \_\_\_\_\_

I hereby certify that there are no misrepresentations or falsifications in this application and the information is true and correct to the best of my knowledge. Authority is granted to the Thurston County Sheriff's Office to conduct a background investigation to verify the information I have provided.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE/APPROVAL OF CORRECTIONS' ADMIN \_\_\_\_\_

THURSTON COUNTY SHERIFF'S OFFICE  
CORRECTIONS FACILITY  
○ WAIVER OF LIABILITY ○

I, \_\_\_\_\_ of \_\_\_\_\_  
(Visitor's Name - Please Print) (Business/Agency/Affiliation)

\_\_\_\_\_, \_\_\_\_\_ hereby  
(Address) (Date of Birth)

acknowledge that of my own free will, I am entering the Thurston County Corrections Facility, a security institution. As such, I am aware that any incidents which may occur therein can be unpredictable and potentially dangerous.

I realize that observations at the Thurston County Corrections Facility may involve some degree of danger from prisoner assault, verbal or physical or some other related danger; however, by signing this Waiver of Liability, I am willing to assume those potential risks and acknowledge that I will be subject to the same rules and security measures which apply to all corrections personnel and inmates. I fully understand that in the event I should be taken hostage or involved in a disturbance, institution authorities will not be expected to take extraordinary or unusual efforts to effect my release.

With my complete understanding of the above-stated risks and conditions, I hereby release Thurston County, the Thurston County Sheriff, the Thurston County Corrections Chief and all of their agencies and employees from any claim I may have which results from my presence at the Thurston County Corrections Facility.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature)