

**MONTEREY COUNTY PROBATION DEPARTMENT YOUTH CENTER
APPLICATION FOR ENTRY TO YOUTH CENTER BY
OUTSIDE AGENCY WORKER**

Requests for clearance must be turned in no later than one week prior to the scheduled event!

Sponsor: Self Staff Name: _____

Name: _____ Date of Birth: _____

Social Security #: _____ Home Phone #: _____ Business Phone #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Employment: _____

Driver's License # (*a copy must be attached*): _____ State: _____

Length of Sobriety: _____

What organization or Volunteer Group are you a part of? _____

What is your purpose to enter Juvenile Hall or the Youth Center? Place include date(s) and time(s): _____

Do you have any friends or relatives in any juvenile or adult correctional facility? Yes No

If yes, Name: _____ Relation: _____

Have you ever been arrested for any offenses? Yes No

If yes, what offenses were you arrested for? What was the disposition of the offense?

Offenses: _____ Disposition: _____

Signature

Date

FOR ADMINISTRATIVE USE ONLY

Local CJIS Checked Out of County CJIS Checked – If necessary

Approved: _____ Denied: _____

If denied, reason for denial: _____

APPROVED SIGNATURES:

Division Director: _____ Date: _____ Contacted on: _____