

THIS APPLICATION IS FOR A NO-CONTACT VISITATION BOOTH  
UNLESS OTHERWISE SPECIFIED.



## Thurston County Corrections Facility

### AUTHORIZED ENTRY APPLICATION

Mailing Address: 2000 Lakeridge Drive SW • Olympia, WA 98502-6045 • (360) 709-5900

Physical Address: 3491 Ferguson St SW • Tumwater, WA 98512-6127

*The following information is needed in order for us to complete a background check and provide you clearance to the Corrections Facility. All information contained in this application or developed during the background investigation will not be disseminated unless required by law and is intended for use only within this department for the administration of this program. Information you provide may be subject to public inspection and copying upon request pursuant to the Public Records Act, chapter 42.56 RCW.*

**A legible copy of your driver's license must accompany this application.**

Full Name (first middle last): \_\_\_\_\_

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

DOB: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provide details of any arrests (include charge, date, arresting agency and disposition *even if deferred or sealed*). Please note: withholding any information may result in immediate disqualification.

Place of Employment (most recent if unemployed): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Circle/List the reason for you to enter this facility, or position you are applying for:

Food Service      Repair Service      Counseling      Other: \_\_\_\_\_

#### Jail Ministries Applicants Only:

Name of Church: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Team Leader Signature: \_\_\_\_\_

#### AA/NA Applicants Only:

AA/NA Group: \_\_\_\_\_

Sobriety Date (must be 1 year): \_\_\_\_\_

*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.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ APPROVED ☐ DENIED      CORRECTIONS' ADMIN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ NO-CONTACT BOOTH ☐ OTHER

**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 affect 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date