

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
**NORTH KERN STATE PRISON**  
**DELANO, CALIFORNIA**  
*Revised: March 2015*

**I. PLAN NUMBER AND TITLE**

Operational Procedure #122 (R)  
Gate Clearances/Temporary Gate Passes/Identification Card

**II. PURPOSE AND OBJECTIVE**

The purpose of this procedure is to establish a system of processing security gate clearances for vendors, consultants and contractors prior to entering the grounds of North Kern State Prison (NKSP). To ensure accountability of any person(s) on institutional property that does not have a valid departmental identification (ID) card.

**III. REFERENCES**

- A. California Code of Regulations (CCR), Title 15 Sections 3173, 3260 thru 3267, 3285, 3414 and 3415; and Title 2 Section 599 thru 624
- B. Department Operations Manual (DOM) Sections 13020, 31070, 54020.32, 55100
- C. NKSP DOM Supplement 33020, Uniform/Employee Grooming Standards, Operational Procedures (OP) 232, Board of Parole Hearings Process and 271, Victims-Victims' Next of Kin-Or Victim Representatives-Attending Board of Parole Hearings
- D. Memorandum dated June 19, 2009, authored by Terri McDonald, Chief Deputy Secretary, Adult Operations, Assisting the United States Immigration and Customs Enforcement in Identifying Foreign-Born Inmates who are Deportable
- E. Memorandum dated July 14, 2010, authored by Terri McDonald, Chief Deputy Secretary, Adult Operations, Limited Acceptability of the Matricula Consular de Alta Seguridad as Visitor Identification
- F. Informational Bulletin #14-09, Revision of California Department of Corrections and Rehabilitation (CDCR) Form, CDCR 966, Volunteer Application and Services Agreement

**IV. REVIEW AND APPROVAL**

- A. This procedure will be reviewed annually in the month of March by the Administrative Assistant (AA), Custody Captain and Associate Warden-Central Operations (AWCO).
- B. This procedure will be approved by the Warden.

**V. RESPONSIBILITY**

- A. The Warden is responsible for the overall implementation of this procedure
- B. The AA is responsible for the administration of this procedure
- C. The Custody Captain is responsible for the coordination and maintenance
- D. The Watch Commander is responsible for direct implementation and staff training

## **VI. PROCEDURE**

All approved departmental staff and outside contracted staff authorized to enter and exit the secure perimeter will be processed through the Pedestrian Sallyport (Tower 1), and the Vehicle Sallyport (Tower 5). The Vehicle Sallyport is not an authorized pedestrian entrance/exit for any staff assigned to any position within the outer perimeter fence (i.e. Watch Office, Plant Operations, Receiving and Release or any facilities). Staff assigned to the immediate area of the Vehicle Sallyport including the Sallyport, Tower 5, Armory and Lock Shop, may enter and exit the Vehicle Sallyport when they report to work.

Individuals who are not employed by CDCR must submit a completed NKSP Security Clearance form (Attachment A). Any potential community volunteer shall complete a CDCR 966, Volunteer Application and Services Agreement (Attachment B). All individuals are subject to a criminal history review clearance prior to entering the secured perimeters of NKSP. Secured perimeters include all areas within the electrified fence, and the Facility M perimeter fence.

The Warden will determine if individuals providing services outside of the secured perimeters will be required to complete a NKSP Security Clearance form. The approval may be valid for up to one year.

### **A. Requests For Security Clearances**

Persons requesting clearance shall complete the NKSP Security Clearance form or if a volunteer, the CDCR 966 form. The NKSP Security Clearance form shall be completed by the individual requesting to gain access to the institution, the requesting employee and the employee's supervisor. The CDCR 966 form shall be completed by the volunteer and submitted to the Community Resource Manager (CRM). The CRM where appropriate, shall complete page 3 of the form. Incomplete forms will not be considered.

The requesting employee shall complete an internal Request for Security Clearance form (Attachment C). Attachment A and Attachment C with the original signatures shall be submitted in person to the AA in the Warden's Office. The CRM shall submit all three pages of the CDCR 966 to the AA. The internal Request for Security Clearance form is not required to be completed as the CDCR 966 serves as this purpose. A minimum of five (5) working days is required for processing of gate clearances commencing the day after submission.

The requesting employee shall ensure a Primary Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates - CDCR 181 (Attachment D) is provided to the individual requesting to gain access to the institution. The requesting employee and AA will ensure this form is read and signed when the visitor arrives and before the visitor enters the area of the institution to be visited.

**Exceptions:** In cases where the requesting employee needs a critical security clearance and has less than ten working days to complete the process from the time the requesting employee was first notified to the arrival date (i.e. needing vendor to repair vital equipment or late addition to audit or survey teams), the AA will be contacted prior to submitting. Each clearance will be considered on a case-by-case basis. If the circumstance is deemed urgent, a facsimile copy of the security clearance form may be submitted in lieu of the original. The requesting employee will be responsible to ensure the original security clearance is given to the AA when the visitor arrives and before the

visitor enters the area of the institution to be visited. Security clearances for expired ID cards or temporary employment for vacant position will not be considered critical and will be processed under the regular guidelines.

**B. Processing of Security Clearance Requests**

The AA will conduct a criminal history review by submitting the Request for Security Clearance to the California Law Enforcement Telecommunications System (CLETS) Operator located in the Records Office. The Visiting CLETS Operator shall be utilized if the Records Office CLETS Operator is unavailable.

The CLETS review consists of a Criminal Investigation and Identification check with California Department of Justice, the National Crime Information Center, the Federal Bureau of Investigation, the National Law Enforcement Telecommunications System (NLETS), individual State Criminal History Check (if from another state), the Department of Motor Vehicles, and a check for Holds, Warrants and Detainers.

If the NLETS identifies the individual as a "person of interest" on the Terrorist Screening Database Watch List, the NKSP Investigative Services Unit (ISU) Lieutenant will be immediately notified and will be provided the CLETS or NLETS printout. See OP 280, Terrorist Screening Center, for complete protocol.

The CLETS Operator will notify the AA when the form has been processed. The AA shall review the CLETS documents and make a recommendation to the Warden or designee for approval or denial on a completed Gate Clearance Approval form (Attachment E). If the request is approved, the CLETS documents shall be removed immediately and destroyed. For volunteers, the entire CDCR 966 form will be returned to the CRM for recordkeeping. If the gate clearance is denied, the AA will notify the requesting employee to notify the individual wishing to gain access to the institution. The AA shall only release information regarding the denial to the individual requesting to gain entrance. The denied Request for Security Clearance form and related CLETS documents shall be retained in the AA's office for one (1) year from the month of application.

Once an individual is approved to gain entrance to the institution, the name will be added to the Master Gate Clearances List, specific to the requesting division. Approved gate clearances may be valid for up to one year.

These documents are sensitive and as such must be hand delivered and are not to be sent through the institutional mail system.

Individuals under the age of 18 will not be authorized for entrance nor will they be allowed to provide services on institutional grounds without the written authorization from the Warden.

**C. Types of Gate Clearances**

**1. Gate clearance approval for 5 or less working days:**

If an individual is requesting to enter the institution grounds for a period not exceeding five consecutive days, the individual shall be cleared using the Gate Clearance Approval form (Attachment E). The requesting employee will distribute copies to the Pedestrian Sallyport, Central Control, Vehicle Sallyport (if necessary) and retain one copy for the escorting employee.

2. Gate clearances for more than 5 working days:

If an individual is entering institution grounds for a pre-determined period of time exceeding five consecutive working days, this person's name shall be added to the Master Clearance List. Copies of the Master Gate Clearance List shall be distributed weekly to the Pedestrian Sallyport, Vehicle Sallyport and Central Control.

D. Outside Law Enforcement Agencies

Law enforcement officials shall be approved to visit the institution using an Authorization for Outside Law Enforcement form (Attachment F). ISU staff shall complete the form and verify employment with the specific law enforcement agency. These clearances shall be approved for one day unless otherwise noted. The requesting employee is responsible for the distribution of the approved form to the appropriate areas and shall retain a copy for the escorting employee.

E. Non-CDCR Employee Identification Cards

Non-CDCR employee ID (Medical Contractors, General Contractors) application packages are available in the Personnel Office.

1. A person in this category who requires a CDCR ID card shall submit a Request for Security Clearance form to the person responsible for the area they will be working (i.e. contractors). The supervisor of the area along with the non-CDCR employee will obtain the ID application package in the Personnel Office. The supervisor requesting the ID for the individual will be responsible to ensure the following criteria has been met:
  - a. CDCR 181 has been reviewed and signed
  - b. The individual receiving the ID has been cleared of Tuberculosis (TB)
  - c. The individual completes the required orientation
  - d. The individual completes the CDCR 894, Emergency Notification Information form (Attachment G).
2. The AA will review all requests for approval or disapproval upon receiving the CLETS documents and make a recommendation. Upon indicating the recommendation, the AA will forward the forms to the Warden or designee for the final approval.
3. Upon the Warden or designee's approval, the AA will forward the Gate Clearance Approval form indicating that a Temporary ID is being requested to the Personnel Office. The Personnel Office will contact the respective liaison and schedule an appointment with the individual receiving the ID card.

Due to the sensitive nature contained in the aforementioned documents, these must be handled with extreme care. Sensitive information shall be maintained under personal control or in a locked cabinet at all times.
4. The immediate supervisor of the contractor will maintain attendance records indicating the number of hours and days the contractor worked each month. Copies shall be forwarded to the Chief Executive Officer (CEO), or area supervisor for placement in the individual's file. The employee requesting the ID will ensure the contractor attends In-Service Training (IST) orientation. All IST

training records will be placed in the individual's file. These files will be destroyed when the individual is no longer providing service to the institution. The CEO or the immediate supervisor is responsible for notifying the AA upon separation of service.

5. The Personnel Office is responsible for forwarding index cards, including a photograph, indicating the individual's name, identifying them as contracted, vendors to the AA and Central Control for placement in the respective card files. The area supervisor requesting the issuance of an ID shall be advised when the ID has been processed and available in the Personnel Office.
6. Area supervisors are responsible for informing the AA of any changes needed to the gate clearance request. These changes may include adding/deleting individuals or when approved gate clearances have expired. The supervisor will re-submit a Request for Security Clearance upon the completion of the NKSP Security Clearance form to the AA 30 days prior to the expiration date to renew the clearance.
7. Gate passes will be issued to all approved non-CDCR medical/general contract employees conducting work on grounds until issuance of an official ID card.

#### F. Attorney Clearances

Attorneys or their representatives shall be cleared prior to entering the secure perimeter and are required to submit an Attorney's Visit Request (Attachment A-1) to the Litigation Coordinator for all their visits. Attorneys are not required to provide a Social Security number on Attachments A or C. A criminal history review shall be conducted for attorneys or their representatives wishing to visit an inmate.

An attorney may designate in writing on their letterhead, the names of no more than two representatives to interview an inmate on his/her behalf. The attorney representatives shall be afforded the same accommodation and services as an attorney, providing all other requirements are met.

The letter shall identify the representative by name and the capacity in which they are representing the attorney, and the name of the inmate to be interviewed (interviews limited to the inmate listed on the request). This information will be maintained with the Litigation Coordinator until after the visit.

Attorneys or their representatives requesting to audio/video record an inmate's interview must have approval by the Warden or designee prior to the visit.

#### G. Board of Parole Hearings (BPH)

Immediately upon identifying witnesses for BPH hearings, the Classification & Parole Representative's (C&PR) Office will ensure non-peace officer witnesses are provided a BPH Witness Request for Security Clearance Form (Attachment H) to complete. Once the form is completed and returned, the C&PR will forward information to the Visiting Department where the information will be entered into CLETS and the NLETS by the CLETS Operator. A query will be made for any pending warrants and then forwarded to the visiting supervisor (Watch Commander in their absence) for review and approval. In the event, it is determined the witness has conflicts which may preclude approval to enter the secure perimeter, the Custody Captain shall be contacted immediately prior to denying the witness entry into the secure perimeter.



A CLETS will not be completed for any peace officer personnel providing they produce their valid departmental peace officer ID card. If they are unable to provide a valid peace officer ID card, they will be processed as non-peace officer witnesses as outlined above. All approved BPH witnesses will be required to present a valid proof of ID before being admitted into the secure perimeter.

The BPH officers will escort witnesses to the BPH hearing room and maintain constant surveillance of the witnesses at all times. Upon completion of the hearing, the BPH officers will escort the witnesses back to the Visiting Processing Center. For additional information regarding the BPH process refer to OP's 232, Board of Parole Hearings Process and 271, Victims-Victims' Next of Kin-Or Victim Representatives-Attending Board of Parole Hearings.

#### **H. Processing of Foreign Consular as Official Visitors**

This section was established according to requirements of the Vienna Convention on consular regulations. A request for access to visit an inmate will be made to the Warden's Office at least 24 hours in advance of the visit and delineate the time and purpose of the visit.

1. The visit shall be noted on a Gate Clearance Approval form or the Master Gate Clearance List provided to the Pedestrian Sallyport.
2. The consular official will submit to a standard search of briefcase or documents (cell phones or electronic devices are not allowed without the expressed consent of the Warden or designee).
3. The consular official will submit to clearance through the metal detector.
4. Consular officials are subject to all CDCR regulations and may be required to visit during established visiting hours.

#### **I. Gate Passes and Processing Requirements**

No gate pass is required for state or contract employees with a valid CDCR ID. Off-duty contract staff must request permission of the Watch Commander prior to entering institutional grounds. Individuals with a valid CDCR ID are not subject to clearance through the metal detector.

All visitors, vendors, contractors, construction workers and other persons who do not have in their possession a current CDCR ID card will be issued a white visitor pass while on institutional grounds and shall be under escort at all times. The Pedestrian Sallyport Officer, Vehicle Sallyport Officer or Watch Commander/designee will issue an appropriate pass to the individual when processing through the Pedestrian Sallyport or Vehicle Sallyport. The individual must enter and exit the institution through the same access point. The officer shall conduct an inventory of the gate passes during each shift and reconcile the gate passes with the Visitor Logbook.

The individual will present a valid form of ID to the Pedestrian Sallyport Officer, Vehicle Sallyport Officer or Watch Commander/designee and sign in on the Visitor Logbook. The visitor gate pass (white) will be issued; the date, time issued, pass number, visitor's signature and company represented shall be logged in the Visitor Logbook.

Upon exiting the secured perimeter, the Pedestrian Sallyport Officer, Vehicle Sallyport Officer, Watch Commander/designee will retrieve the gate pass and document the time the pass was returned.

The employee gate pass is color coded in green and numbered two through 25. Employee gate passes will be issued only at the Pedestrian Sallyport. The passes are printed on a laminated card with the following:

**NORTH KERN STATE PRISON  
DELANO, CALIFORNIA  
ENTRANCE GATE PASS # (02-25)**

Immigration and Customs Enforcement Agency (ICE) agents will present their agency identification card and sign the Visitor Logbook. They will be issued a visitor gate pass (golden) specifically designated for ICE agents. The gate passes shall be returned upon completion of the workday. The agents must enter and exit the institution through the same access point and are not required to pass through the metal detector. The agents will have unescorted access to the Case Records Office and to the general inmate population housing after receiving mandatory four-hour orientation training by IST. However, if an inmate is housed in Administration Segregation, the inmate will be escorted by institutional staff to a designated area where the agent will conduct the interview.

**J. Proof of Identification**

All approved individuals shall be required to present a valid proof of identification before being admitted to the secure area of the institution. Acceptable proof of identification is, but not limited to the following:

- Valid Driver's License with picture
- Valid Department of Motor Vehicles ID card with picture
- Valid Armed Forces ID card with picture
- Valid photo ID issued by the United States Department of Immigration and Customs Enforcement
- Other forms of United States Government ID listed in the United States ID Manual (includes any state issued valid driver's license) with picture
- Any valid CDCR issued ID card
- Valid government issued passport with picture (must include a current unexpired visa issued by the United States Department of State, if applicable)
- Matricula Consular de Alta Seguridad with a photo issued by the Mexican Consulate

**K. Processing**

Peace Officers, Board of Parole Hearings Commissioners, Deputy Commissioners, Immigration and ICE agents and any other personnel specifically identified by the Warden or designee shall be exempt from passing through the metal detector. All other visitors shall be processed through the metal detector by the Pedestrian Sallyport Officer.

All individuals entering the secure perimeter will be properly attired in accordance with DOM Section 33020 and NKSP DOM Supplement Section 33020.1, Uniforms/Employee Grooming Standards.

All staff will present a valid CDCR ID to the Entrance Building Officer. The officer will physically take possession of the ID and check the name, title, picture, physical characteristics, expiration date, authorization signature, and institution identification

number to ensure they match the person presenting the card. All NKSP employees have a CDCR ID card number that begins with "161."

Off duty NKSP employees shall be allowed into the secure perimeter only for official business. The Watch Commander shall be advised by the Pedestrian Sallyport Officer of an off duty staff wishing to gain entrance to the secure perimeter of the institution. Off duty staff will be required to sign in, state the reason and where they are going. At the completion of their official business, staff will exit at the same point of entry and sign out to ensure appropriate staff accountability.



✿ SANDRA ALFARO  
Warden  
North Kern State Prison

4/28/15

Date



NORTH KERN STATE PRISON  
SECURITY CLEARANCE FORM

Attachment A

NAME: \_\_\_\_\_ MALE: ☐ FEMALE: ☐  
LAST FIRST INITIAL

ALIAS OR MAIDEN NAME: \_\_\_\_\_

FOR ATTORNEYS ONLY: INMATE'S NAME: \_\_\_\_\_ CDCR#: \_\_\_\_\_

CASE # \_\_\_\_\_ SUPREME COURT OR APPELLATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

REQUESTED DATE(S) OF VISIT: \_\_\_\_\_ REQUESTED TIME OF VISIT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ SOCIAL SECURITY # (OPTIONAL FOR ATTORNEYS): \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ STATE BAR #: \_\_\_\_\_ STATE: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ AREA TO BE VISITED: \_\_\_\_\_

RACE: \_\_\_\_\_ PURPOSE OF VISIT: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ LENGTH OF VISIT: \_\_\_\_\_

EQUIPMENT/MATERIALS TO BE BROUGHT IN (ATTACH ADDITIONAL SHEETS IF NECESSARY): \_\_\_\_\_

Request Vehicle Clearance	Make	Model	Color	Year
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes,			

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

IDENTIFYING MARKS/SCARS: \_\_\_\_\_

Have you ever been arrested? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you now on probation or parole? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you know or are you related to any inmates or parolee? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you visit any other CDCR facilities? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER AND ATTACH TO THIS FORM.

The following are some of the rules and regulations enforced within this institution:

- NO visitor will carry, convey, or make accessible to any inmate within the institution any intoxicant, drug, firearm, weapon or any other contraband articles.
- NO visitor is permitted to carry/convey messages, written or oral without permission from the institution.
- NO visitor is permitted to give/receive article, gift, food, or money to or from inmates without permission.
- NO blue or gray jeans/denim allowed; must have a current valid California Driver's License or picture ID card.

I HAVE READ THE ABOVE RULES AND AGREE TO COMPLY.  
I UNDERSTAND THAT I AM SUBJECT TO A SEARCH AT ANY TIME.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TO BE COMPLETED BY THE REQUESTING DEPARTMENT

REQUESTING EMPLOYEE: \_\_\_\_\_ SUPERVISOR SIGNATURE: \_\_\_\_\_

The requesting employee must ensure a CDCR 181 "PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES" form is read and signed by the visitor and accompanies this completed form.

\*\*\*THIS FORM MUST BE ATTACHED TO THE REQUEST FOR SECURITY CLEARANCE\*\*\*

STATE OF CALIFORNIA  
**VOLUNTEER APPLICATION AND SERVICE AGREEMENT**  
 CDCR 886 (Rev. 01/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
 Page 1 of 3

Volunteer Applicant Name \_\_\_\_\_  
 Institution \_\_\_\_\_

**INSTITUTION USE ONLY**

☐ New Volunteer ☐ Renewal

**VOLUNTEER APPLICATION AND SERVICE AGREEMENT**

**READ CAREFULLY.** Please PRINT or TYPE. The information requested will be used by the officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your application will be approved or disapproved.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is *optional*. However, any omission or falsification on this questionnaire may be cause for denial of volunteering. Please mail this form directly to the Community Resources Manager of the institution where you wish to volunteer.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                     First                                      MI                                      Last    (MM/DD/YYYY)

Address: \_\_\_\_\_  
                     Number and Street                                      Apt. #                                      City                                      State                                      Zip

Email (optional): \_\_\_\_\_

SSN (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State Drivers License or Identification # (required): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Passport#: \_\_\_\_\_ (If applicable) Exp. Date: \_\_\_\_\_

Phone # (required): (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax # (optional): (    ) \_\_\_\_\_ - \_\_\_\_\_

Gender: ☐ Male ☐ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Skills/Certificates: \_\_\_\_\_

Name and address of company/church/organization you will represent as a volunteer (if applicable): \_\_\_\_\_

1. Have you submitted Live Scan fingerprints to CDCR in the past? ☐ Yes ☐ No *If yes, provide date and location/institution.*

2. Do you provide volunteer service at any other CDCR institution? ☐ Yes ☐ No *If yes, list institution and types of service.*

3. Do you visit and/or correspond with any inmates at any other CDCR institution? ☐ Yes ☐ No *If yes, explain fully and provide inmate name(s), CDCR number(s) and institution(s) (attach additional sheets if needed).*

4. Are you related to any inmate(s) at any CDCR institution? ☐ Yes ☐ No *If yes, explain fully and provide inmate(s) name(s), CDCR number(s) and institution(s) (attach additional sheets if needed).*

STATE OF CALIFORNIA  
**VOLUNTEER APPLICATION AND SERVICE AGREEMENT**  
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Volunteer Applicant Name \_\_\_\_\_  
 Institution \_\_\_\_\_

**INSTITUTION USE ONLY**

☐ New Volunteer ☐ Renewal

5. Have you ever been arrested and/or convicted of any offense? ☐ Yes ☐ No *If yes, list all detentions, arrests, and/or convictions. Attach additional sheet(s), if necessary.*

Offense	Approx. Date	Disposition (Dismissed, Probation, Jail, Prison, etc.)	County	State	Country

6. Are you currently on parole or probation? ☐ Yes ☐ No *If yes, list name, telephone number and county of parole agent/probation officer.* \_\_\_\_\_

7. Are you discharged from prison or parole? ☐ Yes ☐ No *If yes, list date of discharge, name of institution, and attach letter addressed to the Warden outlining circumstances.*

*(If information is not disclosed or inaccurate information is provided, your application may not be approved)*

I certify that:

- > No salaries, wages, or unemployment benefits are to be paid for volunteer services.
- > There is no Worker's Compensation provided.
- > Use of State supplies may be permitted when directed to do so.
- > I must attend any required training as directed.
- > I have read and understand the CDCR Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR Form 181).
- > I authorize CDCR to obtain information from law enforcement sources regarding my criminal history.
- > I understand that I must notify the Community Resources Manager immediately in the event there is any change to any of the information I have provided.

**The information you provide is entered and stored in a secure electronic database for a minimum of three years. By signing this application, you acknowledge and agree to this process.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**VOLUNTEERS WITH DISABILITIES:** If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

STATE OF CALIFORNIA  
**VOLUNTEER APPLICATION AND SERVICE AGREEMENT**  
 CDCR 988 (Rev. 01/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
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Volunteer Applicant Name \_\_\_\_\_  
 Institution \_\_\_\_\_

**INSTITUTION USE ONLY**☐ New Volunteer☐ Renewal**SECTION II: To be Completed by CDCR Staff**

Purpose of Entry (Circle specific program):

Activity Group Religious

Name of Program: \_\_\_\_\_

Location of Volunteer Service (List institution and location, example: chapel, Facility A, classroom #, etc.): \_\_\_\_\_

Duration of volunteer service: (ie, one, two or more months): \_\_\_\_\_

Day(s) of Week (circle): M T W Th F S Su Hours \_\_\_\_\_

Escort: ☐ Yes ☐ NoTB Test Required: ☐ Yes ☐ No (Annual TB Testing is required for all volunteers with more than 6 months of volunteer service)

Print Name/Classification \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COMMUNITY RESOURCES MANAGER**☐ Reviewed and submitted for background clearance

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CUSTODY STAFF**NLETS Cleared ☐ Yes ☐ No

NLETS Cleared Date: \_\_\_\_\_

☐ Needs further review

Signature \_\_\_\_\_

Date \_\_\_\_\_

**WARDEN/WARDEN'S DESIGNEE**☐ APPROVED ☐ DISAPPROVED

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR USE BY CRM ONLY****GATE CLEARANCE ONLY ☐**

Background clearance (NLETS) date: \_\_\_\_\_

Live Scan Date/Location: \_\_\_\_\_

(required after six months of volunteer service)

Verification of TB Test provided:

☐ Yes ☐ No ☐ N/A (if less than 6 months):

Date: \_\_\_\_\_

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control ☐ Yes ☐ NoWatch Office ☐ Yes ☐ No**FOR USE BY PERSONNEL ONLY****VOLUNTEER IDENTIFICATION CARD (ID CARD) ☐**Title: **VOLUNTEER** (For all volunteer ID Cards)

Live Scan: \_\_\_\_\_

(Date/Location required after six months of volunteer service)

Verification of TB Test provided:

☐ Yes ☐ No ☐ N/A (if less than 6 months):

Date: \_\_\_\_\_

Date ID Card Issued: \_\_\_\_\_

ID Card Expiration Date: \_\_\_\_\_

Thumb Print Date: \_\_\_\_\_

ID Picture Date: \_\_\_\_\_

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control ☐ Yes ☐ NoWatch Office ☐ Yes ☐ No

Comments: \_\_\_\_\_

# REQUEST FOR SECURITY GATE CLEARANCE

GATE CLEARANCE is required on any person entering the prison's security grounds. Prior to attendance, a security clearance is required on all individuals except for North Kern State Prison Employees in possession of valid identification card. To obtain a security clearance, *all* information shall be completed.

Date(s) of Visit		Hour(s) of Visit		
Area(s) of Institution To Be Visited		Temporary ID Yes <input type="checkbox"/> No <input type="checkbox"/>		
Purpose of Visit:				
Equipment/Materials To Be Brought In:				
Request Vehicle Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,	Make	Model	Color	Year
	Make	Model	Color	Year
Requesting Employee	Ext.	Date	Requesting Department	
Supervisor's Signature		Date	Escort Assigned	Date
VISITOR'S NAME (Last, First, M.I.)	D.O.B.	S. S. #	DRIVER'S LICENSE # & STATE	REPRESENTING (FIRM/AGENCY)
NOTE: All information should be completed prior to forwarding to the Administrative Assistant. If incomplete, the form will be returned to the requesting employee.				
Chief Deputy Warden or Administrative Assistant			Date Received	
			Approved/Disapproved	

Distribution: Warden Office, Watch Commander, Entrance Building, Vehicle Sallyport (if applicable), Requesting Employee

**THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION. KEEP SECURE AT ALL TIMES**

STATE OF CALIFORNIA  
 PRIMARY LAWS, RULES, AND REGULATIONS REGARDING  
 CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES  
 CDC 181 (Rev 5/98)

DEPARTMENT OF CORRECTIONS

Individuals who are not employees of the California Department of Corrections (CDC), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

1. Persons who are not employed by CDC, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDC institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415

2. CDC does not recognize hostages for bargaining purposes. CDC has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDC Director, Warden and /or Regional Parole Administrator.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDC institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDC institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3393, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other program activities may be suspended.

SOURCE: PC Section 2601; CCR, Title 15, Section 3383

9. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section 3171 (b) (3)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Section 3261.5, 3315 (3) (W), and 3177.

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH PRISON INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDC INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VISITOR'S NAME AND TITLE (Print)	VISITOR'S SIGNATURE	DATE SIGNED

DISTRIBUTION: Original - Assistant Director, Communications

Canary - Warden's Office

Pink - Visitor

## NORTH KERN STATE PRISON

## Gate Clearance Approval Form

Date:

To: REQUESTOR OF GATE CLEARANCE

Subject: APPROVAL/DISAPPROVAL OF GATE CLEARANCE REQUEST

CII COMPLETED DATE OF VISIT TIME

TEMPORARY I.D. DAY BY DAY

NAME	GD# / DOB	COMPANY NAME

AREA(S) OF INSTITUTION TO BE VISITED

PURPOSE OF VISIT

EQUIPMENT/MATERIALS AUTHORIZED

VEHICLE AUTHORIZED	Make	Model
	Color	Year
VEHICLE AUTHORIZED	Make	Model
	Color	Year

EMPLOYEE ESCORTING

RECOMMEND: APPROVAL/DISAPPROVAL Date:

Administrative Assistant

APPROVED/DISAPPROVED

Chief Deputy Warden

Date

DISTRIBUTION: Chief Deputy Warden, Entrance Building, Vehicle Sallyport (If Applicable), Central Control, Requesting Employee



State of California

Department of Corrections and Rehabilitation

# Memorandum

Date:

To: Entrance Building Officer

Subject: AUTHORIZATION FOR OUTSIDE LAW ENFORCEMENT

Agency:

Agency Phone Number:

Authorized Personnel	Identification/Badge #

The above named law enforcement personnel are authorized to come onto North Kern State Prison grounds on:

Date:

Time:

Inmate to be interviewed:

Housing:

Upon arrival, please contact: ISU at extension \_\_\_\_\_

NOTED:

\_\_\_\_\_  
Investigative Lieutenant  
North Kern State Prison

APPROVAL/DISAPPROVAL

APPROVAL/DISAPPROVAL

\_\_\_\_\_  
Administrative Assistant  
North Kern State Prison

\_\_\_\_\_  
Warden  
North Kern State Prison

cc: Entrance Building  
Control  
ISU File

STATE OF CALIFORNIA  
**EMERGENCY NOTIFICATION INFORMATION**  
 CDC 894 (9/92)

DEPARTMENT OF CORRECTIONS  
 DIST: \_\_\_\_\_  
 ORIG - OFFICIAL PERSONNEL FILE  
 COPY - EMPLOYEE'S SUPERVISOR

THIS INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR OFFICIAL PERSONNEL FILE AND  
 YOUR SUPERVISOR'S EMPLOYEE RECORDS AND WILL BE USED FOR EMERGENCIES ONLY.  
 PLEASE BE SURE TO UPDATE THIS INFORMATION SHOULD IT CHANGE.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER (PROVISION IS VOLUNTARY. REQUESTED FOR ID PURPOSES ONLY)
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HOME ADDRESS (STREET NUMBER AND NAME, CITY AND ZIP CODE)	HOME TELEPHONE NUMBER
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EMPLOYED (FACILITY AND UNIT)	WORK PHONE NUMBER
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**PLEASE INDICATE PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME	RELATIONSHIP
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ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
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NAME	RELATIONSHIP
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ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
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**MEDICAL INFORMATION**

PERSONAL PHYSICIAN'S NAME	TELEPHONE NUMBER
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MEDICAL PLAN NAME AND CARD NUMBER (IF APPLICABLE)	MEDICAL FACILITY'S EMERGENCY PHONE NUMBER
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SPECIAL MEDICAL CONDITIONS (ALLERGIES, ETC.)

SPECIAL INSTRUCTIONS (IF APPLICABLE)

EMPLOYEE'S SIGNATURE	DATE
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**DIVISION OF ADULT INSTITUTIONS**  
**NORTH KERN STATE PRISON**  
2737 West Cecil Avenue  
P. O. Box 567  
Delano, California 93216



### To Whom It May Concern:

You recently inquired about the information requirements needed to schedule an attorney visit. On your letterhead stationery, please mail or fax your request. If you already have a specific date and time for the attorney visit, please include this.

### The California Code of Regulations, Title 15, Section 3178(d) states the following:

- (d) An attorney who wishes to consult in person with an inmate shall contact the institution/facility at which the inmate is housed. The request shall be made by calling or writing (including via facsimile) the staff designated (usually the litigation coordinator) in the institution/facility operational supplement. In order to obtain approval/clearance, the attorney shall provide the following personal and professional information in writing (including via facsimile): name; mailing address; date of birth, valid driver's license or state-issued identification card number; proof of current registry and good standing with a governing bar association; and indication of the jurisdiction(s) licensed to practice law. Requesting attorneys must also report any prior felony convictions, explain any prior suspension or exclusion from a correctional facility and declare one or more of the following:
- (1) They are the inmate's attorney either by appointment, by the court or at the inmate's request;
  - (2) They have been requested by a judge to interview a named inmate for purposes of possible appointment as counsel by the same court;
  - (3) They are requesting to visit an inmate who may be a witness directly relevant to a legal process, purpose, or proceeding;
  - (4) They are seeking to interview a named inmate, at the request of the inmate, for the purpose of representation of the inmate in a legal process, for a legal purpose or in a legal proceeding.
  - (5) They have been requested by a third party to consult with the inmate when the inmate cannot do so because of a medical condition, disability, or other circumstance.

**For persons working on behalf of an attorney**, i.e. investigators, paralegals, etc., the information listed below is also required **in addition to the attorney information required in the questionnaire**. *For example*, on his/her letterhead stationery, signed by the attorney, a declaration the person is sponsored by the attorney and accepts responsibility for all their actions.

### The California Code of Regulations, Title 15, Section 3178(c) states the following:

- (c) An attorney or court may designate other persons to act on their behalf as attorney representatives.
- (1) Attorney representatives must be one of the following:
    - (A) A private investigator licensed by any state and sponsored by the attorney or appointed by the court.
    - (B) An investigator who is employed by a government agency, public agency or public institution.
    - (C) A law student sponsored by the attorney.
    - (D) A legal para-professional sponsored by the attorney or appointed by the court.
    - (E) An employee of an attorney, legitimate legal service organization, or licensed private investigator who is sponsored by the attorney or licensed private investigator.

- (2) Personnel retained by an attorney or attorney representative, including, but not limited to certified sign language interpreters, certified language interpreters and court reporters may accompany the attorney or attorney representative during the private consultation and are required to provide the information requested in (c)(3) below. Licensed mental or medical health care professionals may also serve as attorney representatives and do not have to be accompanied by the attorney.
- (3) The designation shall be in writing and signed by the attorney and/or judge, and shall contain the following:
  - (A) The designee's name and position of employment or Title.
  - (B) The designee's date of birth, driver's license and social security number.
  - (C) Certification, in the form of a license that the representative is a licensed private investigator retained by the attorney or appointed by the court; or valid identification that the investigator is employed by a government agency, public agency, or public institution; or a letter in the form of a declaration, that the attorney representative is being sponsored by the attorney and that the attorney accepts responsibility for all actions taken by the attorney representative.

Attached are a Security Clearance form, CDCR 181, Primary Rules and Regulations form, and Attorney Declaration, which you may attach to your request letter. Please complete these forms and return them by fax or mail.

If the information you submit is incomplete, we will contact you. If it is complete, we will conduct a verification of the attorney's or other sponsored visitor's credentials through the governing State Bar or Consumer Affairs then conduct a California Law Enforcement Telecommunications System check through the Department of Justice. We request at least five business days notice to schedule an attorney visit. Once the clearance and credentials have been obtained and approved, you will be to schedule the attorney visit.

If you have not been contacted in two business days, or have questions regarding your request, please call.

**Telephone numbers of the Litigation Office:**

Litigation Coordinator	(661) 721-2345 extension 5020
Litigation Assistant	(661) 721-2345 extension 5021
Litigation's Fax	(661) 721-6205

Litigation Coordinator  
North Kern State Prison

Attachments

**ATTORNEY'S DECLARATION: California Code of Regulation, Title 15, section 3178(d)**

I declare (check and initial all that apply)

- \_\_\_ ☐ I am the inmate's attorney at his request.
- \_\_\_ ☐ I am the inmate's attorney by appointment of the court.
- \_\_\_ ☐ I have been requested by a judge to interview the inmate for purposes of possible appointment as council by the same court.
- \_\_\_ ☐ I am requesting to visit an inmate who may be a witness directly relevant to a legal process, purpose, or proceeding.
- \_\_\_ ☐ I am seeking to interview a named inmate, at the request of the inmate, for the purpose of representation of the inmate in a legal process, for a legal purpose or in a legal proceeding.
- \_\_\_ ☐ I have been requested by a third party to consult with the inmate when the inmate cannot do so because of a medical condition, disability, or other circumstance.
- \_\_\_ ☐ I am designating or sponsoring the following person(s) to act on my behalf,

\_\_\_\_\_

I understand that any false statement or deliberate misrepresentation of facts specific to the information requested above shall be grounds for denying the request and/or cause for subsequent suspension or exclusion from all institutions/facilities administered by the department.

\_\_\_\_\_  
Requesting Attorney's Name (Print)

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Bar #

\_\_\_\_\_  
Date

# BPH WITNESS REQUEST FOR SECURITY CLEARANCE

**GATE CLEARANCE** is required on any person entering the prison's security grounds. Prior to attendance, a security clearance is required on all individuals except for North Kern State Prison employees in possession of a valid identification card. To obtain a security clearance, all information shall be complete.

DATE(S) OF VISIT			HOURS(S) OF VISIT	
WITNESS NAME (Last, First, MI)	D.O.B.	S.S.#	DRIVER'S LICENSE# & STATE	APPROVED/DISAPPROVED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\_\_\_\_\_  
VISITING SUPERVISOR PRINTED NAME AND SIGNATURE

\_\_\_\_\_  
DATE

NOTES:

Note: Any discrepancies or questions contact the Custody Captain at extension 7000.

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