



Berks County Jail System

Professional Visitor Application for Entrance

Applicant's Name: _____ Date: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Sex: _____ Height: _____ Weight: _____ Race: _____

Photo ID Type: PA Driver's License Y or N PA State I.D. Y or N Other: _____

Emergency Contact Name: _____ Phone#: _____

Applicant's Employer/Agency Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name & Title: _____

Applicant's Position/Title: _____

State the Reason the Applicant Must Visit Inmates Inside the Secure Perimeter of the Jail: _____

I hereby declare that, to the best of my knowledge, the above information is true and correct. I understand that if I do not disclose the information requested above, this may disqualify me from entrance into the jail. I recognize that I am responsible for immediately notifying the Chief Deputy Warden of any changes in the above information, and failure to do so may result in revocation of my visiting privileges. I further agree to abide by all regulations governing my service at the BCJS. I understand I am not permitted to engage in personal business or to perform professional services outside the scope of my employment, and a copy of this form may be mailed to my home agency for verification. I agree that I will not engage in any activity that violates the rules of the Berks County Jail System or that could lead to a security breach. I understand that any violations or inappropriate activity may restrict my access to the institution and/or subject me to criminal prosecution.

Applicant's Signature _____ Date _____

To Be Completed by Applicant's Supervisor (upon request of a Deputy Warden):

I understand that I am responsible for notifying the Chief Deputy Warden upon this employee's separation or if I wish to revoke this employee's visiting privileges.

Supervisor's Signature _____ Date _____

To Be Completed by Authorized Jail Personnel:

Received and entered into JMS _____

Employee Name _____ Date _____

To Be Completed by Lobby Staff for First Time Unregistered Visitor:

DATE _____ TIME IN _____ TIME OUT _____ INITIALS _____