

Sedgwick County Detention Facility  
Access Application

Project start date: \_\_\_\_\_ Position \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Other names (Maiden): \_\_\_\_\_  
Social Security# \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth -City/State/County: \_\_\_\_\_  
Full address: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Length of time at current residence: \_\_\_\_\_  
Previous address: \_\_\_\_\_  
Driver's license#: \_\_\_\_\_ State issued: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Current employer/address: \_\_\_\_\_  
Current employer phone #: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Have you been convicted of a felony within the last seven years? \_\_\_\_\_  
Have you been convicted of a misdemeanor within the past two years? \_\_\_\_\_  
If yes, complete the following (use the back of this form if necessary):  
- Misdemeanor offense: \_\_\_\_\_  
Approximate date disposition: \_\_\_\_\_ Location of offense: \_\_\_\_\_  
- Felony offense: \_\_\_\_\_  
Approximate date disposition: Location of offense: \_\_\_\_\_

I authorize the Sedgwick County Sheriff's Office to complete a background check.

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

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CONTRACTOR TESTING FOR INTERPERSONAL MANIPULATION IN A  
DETENTION SETTING

NAME: \_\_\_\_\_ DATE OF TRAINING: \_\_\_\_\_

(PLEASE PRINT)

NAME OF ORGANIZATION: \_\_\_\_\_

These questions are to confirm you have completed the Interpersonal Manipulation in a Detention Setting Training. Answer the questions based on the training that you have received and return the completed test to the Inmate Coordinator.

1. True/False: It is okay to give an inmate a hug.
  
2. Which of the following categories do manipulators place staff into?
  - a. Soft
  - b. Hard
  - c. Mellow
  - d. All of the above
  
3. True/False: Contraband is defined as any item which is not issued by the facility, purchased through commissary, received by subscription from a publishing house, medically prescribed, or issued by an appropriate staff member.
  
4. Which is NOT one of the eight protectors that staff can use to avoid setups?
  - a. Always be professional
  - b. Be in command of your area
  - c. Private conversations are acceptable
  - d. Learn to say no and mean it
  
5. True/False: It is acceptable to give an inmate your cell phone number.

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CONTRACTOR TESTING FOR PRISON RAPE ELIMINATION ACT TRAINING

NAME: \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_

(PLEASE PRINT)

NAME OF ORGANIZATION: \_\_\_\_\_

These questions are to confirm you have completed the PREA Training. Answer the questions based on the training that you have received and return the completed test to the Inmate Coordinator.

1. True/False: Sedgwick County has a Zero Tolerance Policy towards PREA violations.
2. Which is not a duty under PREA?
  - a. Listen
  - b. Pay Admission
  - c. Do Your Job
  - d. Report
3. True/False: Inmates with a history of prior sexual victimization are six times more likely to be victimized or display predatory behavior.
4. What does PREA stand for?
  - a. Prison Rape Estimation Act
  - b. Prison Rape Elimination Act
  - c. Prison Registered Executioner Association
  - d. Prison Restraint Experimentation Apparatus
5. True/False: If an inmate tells you about a rumor of a PREA incident, you must report it.

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DOCUMENTATION OF PRISON RAPE ELIMINATION ACT TRAINING

NAME: \_\_\_\_\_ DATE OF TRAINING: \_\_\_\_\_

(PLEASE PRINT)

NAME OF ORGANIZATION: \_\_\_\_\_

CIRCLE ONE:                      EMPLOYEE    CONTRACTOR                      VOLUNTEER

INITIAL EACH:

\_\_\_\_\_ I understand the Sedgwick County Sheriff's Office has a ZERO-TOLERANCE policy against sexual abuse and sexual harassment of inmates.

\_\_\_\_\_ I understand how to fulfill my responsibilities as an Employee, Contractor or Volunteer under the Sedgwick County Sheriff's Office sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

\_\_\_\_\_ I understand that inmates housed at the Sedgwick County Detention Facility and the Annex Facility have a right to be free from sexual abuse and sexual harassment.

\_\_\_\_\_ I understand how I must report all incidents of sexual abuse and/or sexual harassment which are reported to me or which I observe at the Sedgwick County Detention Facility, or the Annex Facility.

SIGNATURE OF ATTENDANCE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

# CONTRABAND ACKNOWLEDGEMENT FORM

I, as contract staff, understand I am not allowed to introduce into the detention facility or be in possession of any of the following items unless authorized explicitly by Captain Jarod Scott or Colonel Jared Schechter. If found doing so, my security clearance will be revoked.

- 1) Lighters, matches, or other flammable or combustible materials.
- 2) Tobacco products, alcohol, or any other drug or item that can be ingested or introduced into the body that affects a person's mental state.
- 3) Any tools, not limited to the following: screwdrivers, wrenches, sockets, nails, screws, hammers, blades, etc.
- 4) Cellphones, tablets, or any other devices that are capable of two-way communication.

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*Printed Name*

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*Organization*

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*Signature*

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*Date*

## Check List:

- When completing the Access Application Agreement Page, **please fill in all areas on the form.**
- Read and sign the Acknowledgement of Rick Agreement.
- Read and sign the Dress Code Agreement.
- Read the attached Kansas State Statute 21-5914 and contraband definitions in reference to trafficking contraband in a penal institution. Sign the Acknowledgement.
- INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFICATION.**
- PREA (Prison Rape Elimination Act) Training-1.5 hours in the Detention Facility Training Room. MUST BE COMPLETED BY ALL INDIVIDUALS WHO WILL HAVE ACCESS TO THE SECURED PART OF THE FACILITY!**

Once we receive your completed application, the Sheriff's Office will conduct a background check. Once your background has been approved, we will contact you or your employer to complete PREA Training and get an ID badge.

You may drop off your application in person or mail to:

**Sedgwick County Sheriff's Office  
Attn: Inmate Coordinator  
141 W. Elm  
Wichita, Ks. 67203**

**All forms must be completed in full! If you have any questions please call 660-7513.**

## **Automatic disqualifiers are the following:**

- Convicted of a felony charge within seven years.
- Convicted of a misdemeanor charge within two years.
- Convicted of a sex crime.
- Do not have a picture ID.
- Under the age of 18.

**ACKNOWLEDGMENT OF RISK, GENERAL WAIVER & AGREEMENT TO HOLD HARMLESS AND INDEMNIFY**

I, \_\_\_\_\_, hereby request permission to enter in to the Sedgwick County Detention Facility or affiliated locations. I understand there are significant risks involved in entering a detention facility and these risks have been adequately explained to me. I agree that, in return for the training and information that has been provided to me, the permission to enter the Sedgwick County Detention Facility, and the experience that I will gain, I will hold harmless and indemnify the Sedgwick County Sheriff's Office. Further, I hereby waive any claims of any nature that I may have against the Sedgwick County Sheriff's Office or any of its employees for the personal injury, property loss, or property damage arising from or in connection with my entrance into the facility.

**CONSENT TO ABIDE BY RULES AND REGULATIONS**

I, \_\_\_\_\_, understand that I will be under the control and direction of the Sedgwick County Sheriff's Office, the Sheriff, or his/her designee(s) while on the grounds of the facility. I agree to comply with all policies, rules and regulations of the Sedgwick County Sheriff's Office, including all security directives, and I understand that failure to comply can mean my entrance into the facility may be curtailed, postponed or discontinued by the Sedgwick County Sheriff's Office.

**CONSENT TO HONOR CONFIDENTIALITY OF OFFENDERS**

I, \_\_\_\_\_, will not use any information concerning persons in the custody or under the supervision of the Sedgwick County Sheriff's Office for any reason without prior written approval from the Sheriff or his/her designee.

**CONSENT TO EMERGENCY MEDICAL CARE**

I, \_\_\_\_\_, have been informed and understand that, in the event of any unforeseen medical or surgical emergency while on the grounds of any detention facility, I may be subject to the emergency medical care or first aid assistance at the facility until I can be removed safely to a civilian medical care facility.

**ACKNOWLEDGEMENT OF NO INMATE COMMUNICATION**

I, \_\_\_\_\_, understand volunteers will not communicate with current inmates via telephone, video visitation, email, U.S. mail, etc. without prior authorization from detention administration. Any volunteer suspected of, or found to be, communicating without prior authorization may have their security clearance revoked. If you are contacted by a current inmate you are required to immediately report it to detention administration.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature                      Date                      Witness                      Date

# SEDGWICK COUNTY SHERIFF'S OFFICE

## Dress Code

All individuals entering the secured section of the Sedgwick County Detention Facility or affiliated locations must be dressed appropriately. The following clothing will not be considered appropriate attire for entering the secured section of the Sedgwick County Detention Facility.

- See-through clothing
- Cleavage showing
- Tank tops
- Barefoot
- Braless attire (Females shall wear bras)
- Unbuttoned shirts
- Shorts
- Skirts that end more than 3" above the knees
- High-slit skirts
- Attire with questionable logos and slogans
- Tight fitting clothing or clothing made with spandex
- Low rise (Hip Hugger) pants
- Any combination of clothing that exposes the midriff
- Other attire that is deemed unsuitable in the Sedgwick County Detention Facility in the judgment of the on-duty Sheriff's Office staff.

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