

Brad A. Shoemaker
Warden

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Ryan C. Barnes
Deputy Warden, Security & Operations

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Deputy Warden, Inmate Services

LYCOMING COUNTY PRISON

277 West Third Street
Williamsport, PA 17701

CLERGY CARDS ARE ISSUED TO ACTIVE ORDAINED MINISTERS ONLY

CLERGY SCREENING FORM

Name: _____
Last First Middle Maiden

Alias: _____ Phone #: _____

Address _____

City State Zip

Length of time at present address _____

Previous address: _____ How long: _____

Marital Status: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

SS# _____ Race _____ Sex _____ Email: _____

DOB _____ Place of Birth _____

Driver's License # _____ State _____

Place of Employment _____

Are you related to any currently housed inmate at Lycoming County Prison? ☐ Yes ☐ No

If yes, who? _____ Relationship: _____

Church Affiliation:

Name: _____ Phone #: _____

Address: _____

By Whom Ordained _____

When and Where _____ Ordained Minister Since: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain on back.

I agree to abide by all facility policies particularly those relating to security and confidentiality of information. I also agree to the following:

1. A condition of your participation is a requirement that you report any and all police contacts or new arrests to the Deputy Warden of Security.
2. I have read the PREA standards (available at www.lyco.org/departments/prison.aspx) and understand my responsibilities related to PREA.

OFFICE USE ONLY

Approval Date: _____

Expiration Date: _____

Signature _____

Date _____