



**MONROE COUNTY CORRECTIONAL FACILITY**  
**4250 MANOR DRIVE**  
**STROUDSBURG, PA. 18360-9415**  
**(570) 992-3232**

**WAIVER & RELEASE**  
**Visitors, Volunteers, College Interns and Medical Interns**

I, \_\_\_\_\_, assume full responsibility for any injuries or damages which may occur to me while on the premises of the Monroe County Correctional Facility (MCCF) while touring, attending interviews and/or doing an internship.

In consideration of permitting me to enter the MCCF, and intending to be legally bound, I do, by signing below, release the MCCF, the County of Monroe, their officials, officers, agents, and employees from any and all claims that could be made by myself, my heirs, executors, administrators and assigns on account of any and all personal injuries, property damage or loss, or any other loss or injury that I may sustain while on the MCCF premises. This release has been read by the undersigned and voluntarily executed on the date set forth below.

I assume full responsibility for any loss of or damage to my personal property.

This waiver shall include any and all claims, demands, damages, causes of action, present or future, whether known or unknown, resulting from my presence in the MCCF. I agree to indemnify the County for any claims I should cause.

This waiver has been executed by me and may not be used by any other person.

I agree that any dispute or question concerning the use of the MCCF may be resolved by the appropriate Board(s) or Supervisors of the County and the decision of such Board or Supervisors shall be, in all respect, binding upon me.

I have read and understand and intend to be legally bound by the above Waiver.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature (if visitor is a minor):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**NCIC Completed: Yes/No:** \_\_\_\_\_

**MONROE COUNTY CORRECTIONAL FACILITY  
EDUCATION/VOLUNTEER SERVICES APPLICATION**

**NAME:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Maiden Name/Aliases:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (Town) (State) (Zip Code)

**Telephone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**E-mail Contact:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver License # and State:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (Town) (State) (Zip Code)

**How long have you been a member of this organization?** \_\_\_\_\_

**High School Graduate:** Yes \_\_\_\_\_ No \_\_\_\_\_

**College or Technical School:** Yes (how many years) \_\_\_\_\_ No: \_\_\_\_\_

**Name & location of institution:** \_\_\_\_\_

**PLEASE CIRCLE - Y (Yes) or N (No)**

Have you ever been arrested?      Y      N

If yes, give details: \_\_\_\_\_

Have you ever been convicted of any charges?      Y      N

If yes, give details: \_\_\_\_\_

Have you ever been an inmate at the Monroe County Correctional Facility:      Y      N

Have you ever been an inmate at any other Facility:      Y      N

If yes, please explain: \_\_\_\_\_

Do you know any person currently incarcerated in the MCCF?      Y      N

If yes, give name and relationship: \_\_\_\_\_

Do you know any person ever incarcerated in the MCCF?      Y      N

If yes, give name, relationship, and timeframe: \_\_\_\_\_

**References for Volunteers:**

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

*The undersigned hereby authorizes Monroe County Correctional Facility now, or at a later time, to conduct a criminal background check and a driver history. I understand that any false statements made in this application will result in my immediate rejection for Volunteer status at the Monroe County Correctional Facility.*

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