

February 12, 2016

Greetings:

The Crow Wing County Jail cordially invites representatives from your organization to attend the 5th Annual Transitions Fair on Thursday April 7, 2016 from 9:00am to 3:00pm.

The purpose of this letter is to provide general information about the event in hopes that you will be willing and available to attend.

Our goal is to provide information to inmates who are currently in the Crow Wing County Jail with transitional opportunities and resources. Participating organizations include: colleges, social service organizations, employment, housing, recreational services, and a variety of other community resources. Approximately 75-100 inmates will be invited. Many of the men and women have a strong desire to change their lives. Your participation would be an important and valuable contribution to the success of these inmates. This fair provides opportunities for the inmates to engage with representatives that offer services to individuals with criminal records.

We ask that community participants bring information about their various organizations, programs and services. Each community group is provided with table space and chairs so that the inmates may stop by and inquire about the program as well as pick up literature and information. This is one of the most effective ways of informing offenders about your services. You are strongly encouraged to bring paper handouts describing your organization.

Just a friendly reminder: NO staples, pens, pencils, notebooks, pins, candy, etc are allowed into the facility for distribution to inmates. Electrical equipment, such as lap top computers will NOT be allowed into the facility. In addition, no items other than pamphlets and/or flyers, & business cards may be given to the inmates. Please be sure to remove any staples. You may bring in a display board which gives program information for your table. Please dress appropriately. Your willingness to participate in this year's Transitions Fair is very much appreciated.

Lunch will be provided as well as a brief tour of the facility. If you are interested in attending PLEASE LET ME KNOW ASAP or NO later than March 24th. Attached is a response form for you to complete and return to me with information needed for you to enter the facility and attend the event.

I am looking forward to hearing from all of you and seeing you here at Crow Wing County on April 7th. If you have any questions, please do not hesitate to contact Program Sergeant Miranda Neuwirth at 218-822-7067 or by email Miranda.neuwirth@crowwing.us.

Crow Wing County Jail
Transitions Resource Fair

Thursday April 7, 2016

9:00am – 3:00pm

**Lunch will be served at 11:00am with a tour of the facility to follow.
We will start escorting you into the facility at 8:00am to setup.
The Fair will begin at 9:00am.**

I Will Will not attend the Crow Wing County Jail Transition Fair

Name of Organization: _____

Representative(s) Full name(s)	Date of Birth	Drivers License #
1.		
2.		
3.		

Organization Address: _____

Purpose of Organization (What services do you offer?):

Which counties do you provide services for?

Contact Person: _____

Organization Phone #: _____ E-Mail Address: _____

Please list display or other materials you plan to bring in to the facility:

Would your organization like to partake in a brief tour of the Crow Wing County Jail?
Yes No

Should you decide to participate in the Transitions Resource Fair, we will send a confirmation letter and directions to the facility. Individuals will not be admitted in the jail *without prior approval*.

Please fax your response to 218-822-7069 by Thursday March 24th 2016.

Crow Wing County Jail

Each representative of your organization must complete this form.

Name of Organization: _____

Full Name: _____
(Last Name/Maiden Name) (First Name) (Middle Name)

Date of Birth: ____/____/____ Male Female

Telephone: Home: _____ Work: _____ Cell: _____ E-Mail: _____
(Optional)

Address: _____
(Permanent address AND Mailing address (if different))

City: _____ State/Country: _____ Zip Code: _____

Emergency Contact Person: _____ Phone #: _____

PROPER IDENTIFICATION WILL BE REQUIRED. ENTER ID NUMBER & CHECK TYPE OF PICTURE ID

- Valid driver's license from state of residence.
- Valid photo ID card from state of residence.
- Valid military photo ID (active duty only).
- Valid tribal ID card (as detailed in M.S. 172.072(b)(c)).
- Valid passport (if resident of foreign country).

Driver's license or ID Card number: _____ State: _____

Circle yes or no:

- Have you **EVER** been convicted of a felony? Yes No
- Do you have **ANY** charges pending against you? Yes No
- Are you, or have you been, on probation, parole, or supervised release in the last year? Yes No
(If yes, you must have your Agent's approval and signature)

Agent/print name Agent Signature Agent Phone (area code) & number

- Are you communicating with any inmate in our facility? Yes No
- Are you related to or acquainted with an inmate at our facility? Yes No
- Are you, or have you ever been on an inmate's visiting list in our facility? Yes No
(If yes, please provide the inmate's name and date of last visit)

Name: _____ OID: _____ Date of last visit: _____

If yes to any of the above questions, please explain: _____

Do you have any dietary restrictions we need to be aware of for lunch? If yes, please explain.

Guidelines / Restrictions

1. No agency representative can be visiting an inmate currently in jail unless approved by Jail Administration.
2. All agency representatives must register both when entering and leaving the correctional facility according to facility procedures.
3. All agency representatives must present valid photo identification for each admission to the correctional facility.
4. Agency representatives will cooperate with correctional facility staff.
5. Do not use or bring onto the grounds or into the building, any alcoholic beverages, tobacco, cell phone or relative devices, drugs, or other intoxicants, firearms or other weapons, or any item deemed to be contraband by the facility.
6. Do not bring any beverage or food into the scheduled activity.
7. Keep your vehicle locked while it is on facility grounds.
8. No agency representative may engage in sexual activity with an inmate. (Minnesota Statute 609.345)
9. Agency representatives will **NOT** accept any item from an inmate, inmate's family or inmate's friends, nor will the agency representative **GIVE** any item to an inmate, inmate's family or inmate's friends, including sending/receiving correspondence or money.
10. The Administrator or designee must approve a volunteer who is related to an inmate.
11. Do not provide personal data about yourself or any staff to an inmate, such as addresses or telephone numbers.
12. All agency representatives will abide by all rules, regulations, and requirements of the correctional facility, particularly those relating to the security and confidentiality of information.
13. All person(s) must submit a completed application and pass a background check.
14. You must be at least 18 years of age.
15. Agency representatives may not receive any communication (including telephone, letters, e-mails) from inmate's or inmate's families.
16. All person(s) and their belongings entering this institution or upon the grounds may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.
17. Appropriate attire must be worn. No tight fitting clothes or low-cut shirts. No stilettos. This is for your safety.

BY SIGNING THIS FORM, I AGREE TO THE FOLLOWING STATEMENTS:

- A criminal history check will be conducted on me.
- I have been told or read the rules, regulations, and requirements of the Crow Wing County Jail and I will abide by them.
- I further understand that a violation of any of the above rules could result in termination of my authorization to enter the Crow Wing County Jail.
- Facilitators for sobriety support groups are expected to have a minimum of 1 year freedom from substance abuse problems.
- I understand it is a felony to introduce contraband to any correctional facility.
- All person(s) are subject to a hand held metal detector to enter the facility. If you have an existing medical reason (with documentation) such as a metal implant you will be hand-held detected, if you have a Pace Maker or Defibrillator (with documentation) you will be pat searched. If you don't have medical documentation you may not enter the facility.
- A successful agency representative application does not guarantee acceptance of an agency representative into a facility program.

I declare that the information I have given is true and complete.

Signature: _____ Date: _____

For Crow Wing County Jail Staff Use Only

Background Check Completed

31 Check Completed

Application is: Approved

Denied, reason: _____

