



CITY OF PHILADELPHIA

*Philadelphia Prison System*

**VOLUNTEER AND CHAPLAINCY  
SERVICES DIVISION**

8001 State Road, Philadelphia, Pennsylvania 19136  
(215) 685-8528/8598/8149 FAX (215) 685-8506

**Guest Volunteer Clearance Request**

Date: \_\_\_\_\_ Organization \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #'s: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Do you have a relative currently incarcerated in at any of the institutions within the PPS?  
If so state:

Name \_\_\_\_\_ PP# \_\_\_\_\_

Name \_\_\_\_\_ PP# \_\_\_\_\_

**You are required to notify the Volunteer Services Department at (215) 685-8528 at least one week prior to you visit at every time you visit any PPS facility.**

Personal References:

Please provide two references of persons not living with you:

1: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

2: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

This Form must be completed entirely and submitted via fax or mail numbers above or email along with the information regarding the request for approval of the guest speaker for the specific event **one week prior to the date of the event.**