



OFFICE OF THE SHERIFF, WAYNE COUNTY
7368 RT. 31, LYONS, N.Y. 14489
315-946-9711

Robert E. Milby, Sheriff

Updated: January 01, 2022

APPLICATION FOR AUTHORIZATION TO ENTER A CORRECTIONAL FACILITY

Applicants Name: _____
First Middle Last

Home Address: _____
Number and Street City Zip Code

Date of Birth: _____ **Home Phone # ()** _____
Month Day Year

Ethnic Background (Circle the number that represents you).

1. White 2. Black 3. Hispanic 4. Asian/Pacific 5. Native American

Social Security Number: _____ - _____ - _____ **Male / Female**

Email address: _____

Maiden Name If Applicable: _____

Have you gone by any other name? Yes () No ()

If answering yes, list complete name: _____

Name of organization you represent: _____

Address: _____
Number and Street City Zip Code

Contact Person: _____

Their Title: _____

Office phone # () _____ - _____ **Ext.** _____

****When an application is turned in-please provide a current picture of yourself.***

For Office Use Only **Job#** _____

Background investigation completed by: _____

Date completed: _____ **Application approved by:** _____

Application approved: Yes () No () **Date approved:** _____

Date applicant notified: _____ **Time:** _____ **By:** _____

Contact Visit: Yes / No

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Do you have a criminal record, pending criminal or civil charges? Yes () No ()

If answering yes, please supply the charge, date and court location.

Date	Charge	Court Location

List all addresses that you have resided in the past 5 years.

Number and Street	City	Zip Code	County

When your application is completed, forward this application to the address listed below.
Completed applications may be dropped off with the Jail Receptionist for processing.

Faxed applications will not be accepted.

Once your application has been approved, you will receive a notification letter whether your application is approved or denied.

**Major James Miller
Wayne County Correctional Facility
7368 Rt. 31
Lyons, NY 14489
(315) 946-5810**

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**RELEASE OF INFORMATION FORM TO ENTER
WAYNE COUNTY CORRECTIONAL FACILITY**

**STATE OF NEW YORK
TOWN OF LYONS:
COUNTY OF WAYNE**

**I _____, DO HEREBY STATE I AM
THE NAMED PERSON, HAVING COMPLETED THE FOREGOING
APPLICATION FOR AUTHORIZATION TO ENTER THE WAYNE COUNTY
CORRECTIONAL FACILITY LOCATED IN THE TOWN OF LYONS, NEW
YORK. I FURTHER STATE THAT THE ANSWERS CONTAINED THEREIN
ARE COMPLETE AND CORRECT IN EVERY ASPECT.**

**I UNDERSTAND ALSO THAT ANY MISREPRESENTATION OF FACT MAY
BE CAUSE FOR REJECTION OF MY APPLICATION. I HAVE ALSO BEEN
INFORMED THAT A BACKGROUND INVESTIGATION AND RECORD
CHECK IS REQUIRED TO ENTER THE WAYNE COUNTY
JAIL/CORRECTIONAL FACILITY AND I DO HEREBY GIVE THE OFFICE
OF SHERIFF WAYNE COUNTY PERMISSION TO CHECK WITH OTHER
LAW ENFORCEMENT AGENCIES.**

Print Full Name Here

Signature of Applicant

Date: _____

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ENTRANCE POLICY FOR OUTSIDE AGENCIES AND VOLUNTEERS

1. I request permission to enter the Wayne County Correctional Facility and I do so on my own free will without coercion from the Sheriff of Wayne County or his agents.
2. I understand that there is a potential danger of injury to my person or property while in said facility. I also understand the potential danger of being taken hostage by incarcerated individuals of an institution such as the Wayne County Correctional Facility.
3. I fully understand all the risks involved in requesting to enter the Wayne County Correctional Facility and I agree to assume those risks. I waive any claim I may have as a result of any injury or illness to my person or property by reason of my being in the above aforementioned facility.

Print Full Name Here

Date

**I HAVE READ AND RECEIVED A COPY OF THE RULES AND
REGULATION GOVERNING PERSONS WORKING WITH
INCARCERATED INDIVIDUALS OF THE WAYNE COUNTY
JAIL/CORRECTIONAL FACILITY.**

(Please detach the rules and regulations and keep for your files.)

Sign Your Full Name Here

Date

OFFICE OF THE SHERIFF

WAYNE COUNTY

Robert E. Milby, Sheriff



RULES and REGULATIONS

GOVERNING PROGRAM PROVIDERS WORKING WITH INMATES

1. All programs and program personnel will be applied for, approved and coordinated through the office of the Chief Administrative Officer of the Wayne County Jail. The following information will be required: program description, goals, list of supplies to be used, and a description of the type of participant the program will target. Any future program changes must also be approved through this office. In addition, Clergy entering this facility for any reason must submit a copy of their ordination certificate, which will be kept on file with the Jail Chaplain's office. All religious personnel will further be coordinated through the Chaplain, and will be subject to rules and regulations for Clergy.
2. **All personnel working with incarcerated individuals must familiarize themselves with the procedures, rules, and regulations of this facility.** This document is provided for that purpose. This document should be kept and referred to for clarification. Questions and concerns should be addressed to the Chief Administrative Officer, the Lieutenant, a Sergeant, or the Programs Officer.
3. Any persons entering this facility **MUST** be pre-approved for entry into the Jail, and must also maintain a current address and phone number on file. Upon approval for entry, clip-on photo identification will be issued by the Sheriff's Records Department and must be worn inside the facility at all times. Said passes must be returned upon a program provider's termination with the Program.
4. All program personnel are required to sign in and out through the Jail Reception area **EACH** time they report for a program or a meeting. It is imperative that **arrival and departure** times remain as scheduled. If a provider is unable to keep the appointment, please inform the Chief Administrative Officer, the Lieutenant, a Sergeant, or a Programs Officer. The number to call is 315-946-5807, and then ask to speak with one of the people listed above.

5. Program providers will NOT have access to the housing areas without the express permission of the Chief Administrative Officer, or his designee. Upon admission to this facility, all providers must proceed directly to the assigned area. Providers may not loiter in the hallways, or in any unauthorized areas, nor shall they stop and speak with inmates in the halls. The proper procedure is for all communications to go through an officer.
6. Any confidential information regarding incarcerated individuals must be obtained through the Chief Administrative Officer. This information will not be removed from the premises, nor can it be discussed outside the facility. All correspondence with other agencies regarding the individuals (probation, lawyers, mental health) must be cleared through this office. There will be NO press releases, interviews, speaking engagements, or other publicity concerning incarcerated individuals, Jail matters, or the Wayne County Office of the Sheriff without prior approval from the Chief Administrative Officer. Cameras and recording devices are strictly forbidden.
7. Program providers are **STRICTLY PROHIBITED** from bringing unnecessary items (know as, **CONTRABAND** and including, but not limited to: purse, coat, cell phone, keys, hats, pocket knives, cigarettes, lighters or sharp objects) beyond the lobby area. Lockers are provided in the lobby for the safe keeping of items not allowed in the Jail. Lockers require a quarter, which is returned when the key is reinserted. The aforementioned items can also be left in a locked vehicle. All items brought in to the facility are subject to search. Furthermore, it is the service provider's responsibility to ensure that he or she leaves the jail with all of the items that they came in with. If items are left behind, notify Jail personnel **IMMEDIATELY**.
8. Programs will take place ONLY in secure, authorized areas. Incarcerated individuals are NOT to be left unsupervised, or allowed to wander outside the program areas. Further, program providers are to remain in control of the program at all times. Lights are to remain on during programs. Officers will check in to ensure the safety. Report any problems when the Officer checks in. Any incident or concern should be reported immediately before dismissing the individuals. Any inmate not actively participating in the program should be asked to leave your group.

9. In the event that a friend or relative of a program provider becomes incarcerated here, it is imperative that the Chief Administrative Officer, the Lieutenant, a Sergeant, or a Programs Officer be notified. It may be necessary to curtail that person's involvement with programs temporarily. Personal visits between incarcerated individuals and program providers MAY NOT occur at any time.
10. Program personnel will NOT exchange gifts, gratuities, or any personal information with incarcerated individuals. NO contract will be made, or messages delivered for incarcerated individuals. Promises and favors are expressly prohibited.
11. If your group has PRE-APPROVED written materials to leave with incarcerated individuals, the materials should be distributed one per person ONLY. DO NOT leave a supply of extra materials as those materials will be viewed as a fire hazard and will be destroyed.
12. Jail Staff cannot be responsible for lost, stolen, or ruined items. We suggest the use of non-returnable books, which MUST be soft cover. The incarcerated individual, not the sheriff or his staff, will be solely responsible to the lending agency for any items on loan.
13. Incarcerated individuals are not to have any personal items outside of the housing area. Incarcerated individuals are NOT to pass any items to other incarcerated individuals while in your program, nor should they expect you to do so. For the safety & security of all, it is necessary to limit the flow of items within our facility.
14. Incarcerated individuals involved in programs are responsible for leaving the program rooms in as clean a state as when they entered. Smoking is strictly forbidden, therefore cigarettes, matches, lighters, etc. should not be carried beyond the lobby area.
15. Food & Drink also are NOT allowed during programs. It is necessary for us to monitor what incarcerated individuals ingest. This facility does NOT allow "coffee breaks" to program providers or participants, as this could be seen as preferential treatment.
16. At the completion of EACH visit, program providers are asked to submit in writing their name, a count of the number of incarcerated individuals seen on that day, the name of the group/program, and the date. This should be left at the receptionist's desk.

BY SIGNING THIS DOCUMENT, YOU AGREE TO THE DIRECTIVES OUTLINED IN EACH SEGMENT ABOVE AS WELL AS THE INFORMATION PROVIDED TO YOU IN THE ANNUAL SECURITY MEETINGS.

Program Name

Printed Name

Signature

Our aim is to assist providers in making programs successful. Please help us to help you. All providers are expected to immediately adhere to the direction of Corrections Staff at all times and without question. Our first duty is to the safety, security and good order of the facility. Remember that any violation or problem with program providers can result in termination. In some cases, criminal charges could be filed. Please direct any questions or concerns to the Chief Administrative Officer, a Lieutenant, a Sergeant, or a Programs & Education Officer.

Sheriff Robert Milby
7368 Route 31
Lyons, NY 14489
(315) 946-5801

