



**FAIRFAX COUNTY OFFICE OF THE SHERIFF**  
**STACEY A. KINCAID, SHERIFF**  
**4110 Chain Bridge Road**  
**Fairfax, VA 22030-4041**  
**(703) 246-3260**



**ENTRANCE AGREEMENT**

I, \_\_\_\_\_, hereby apply for admission to the Fairfax County Adult Detention Center for the purpose of:

1. \_\_\_\_ Touring the facility.
2. \_\_\_\_ Providing contract services as: \_\_\_\_\_.
3. \_\_\_\_ Providing volunteer services as: \_\_\_\_\_.
4. \_\_\_\_ Other: \_\_\_\_\_.

I understand that a background investigation and/or criminal history record check may be conducted in connection with my application for admission and consent to such investigation and/or record check.

I will abide by those rules; regulations and conditions specified by the Adult Detention Center for individuals in my category and will fully comply with instructions of the Sheriff's Office Personnel while in the facility. This includes submission to search of my person and possessions on request.

I fully understand the risk and responsibility associated with my admission to the Adult Detention Center. I will conduct myself in a professional manner; mindful to the need to be security conscious at all times. I understand that during the conduct of my business in the facility, I may be exposed to information pertaining to prisoners and the facility operations, which is privileged. I agree to treat such information as confidential and will not discuss matters nor remove materials pertaining to prisoners; facility policies; procedures; or personnel outside the confines of the Adult Detention Center unless authorized by Sheriff's Office Personnel. Should I become aware of information that is essential to the preservation of life, order and security of the facility/prisoners/staff/volunteers/visitors, I will immediately notify proper authority in the facility.

The Fairfax County Sheriff's Office has "Zero Tolerance" for any type of sexual misconduct within the Adult Detention Center or any facility operated by the Office of the Sheriff. Any type of sexual misconduct, sexual assault, consensual sexual contact, sexual abuse, rape and/or sexual harassment towards any inmate(s) by inmates, staff, volunteers or visitors will not be tolerated. All incidents of sexual misconduct must be reported immediately to a staff member or supervisor. Your complaints may either be verbal or in writing. All reported complaints, suspicions or criminal acts of sexual misconduct will be investigated and pursued up to and including prosecution under Virginia Code.

Should I be taken hostage, I understand that I will receive no preferential consideration because of my status or position. I further agree to relieve Fairfax County, the Sheriff, or the Adult Detention Center liable for accident or injury, which I may incur by virtue of my being admitted to the facility.

I agree to accept full responsibility for my actions and any actions, which may involve me while in the Fairfax County Adult Detention Center, and understand that my entrance privilege may be curtailed or terminated at any time without cause.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witnessed By