



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
**APPLICATION FOR FACILITY ACCESS**

DATE OF FACILITY VISIT

6/26/25

APPLICANT NAME (PRINT)		EMAIL ADDRESS	
ADDRESS		DATE OF BIRTH	
CITY	STATE	ZIP CODE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TELEPHONE NUMBER(S) HOME: _____ CELL: _____		FULL SSN OR MO DRIVER'S LICENSE NUMBER	
INSTITUTION TO BE ACCESSED <b>MECC</b>		DOC STAFF MEMBER CONTACT <b>Kiley Redhage</b>	
PROGRAM OR AGENCY REPRESENTED <b>Prison Performing Arts</b>			
<ol style="list-style-type: none"><li>1. I have been provided a list of approved items and dress code for the facility.</li><li>2. In visiting the Department of Corrections, I may be in circumstances involving risks or hazards. I willingly and knowingly accept these conditions.</li><li>3. I agree to:<ol style="list-style-type: none"><li>a. Take nothing, including letters, in or out of any correctional center without approval from administration.</li><li>b. Respect the confidentiality of records and other privileged information.</li><li>c. Refrain from using abusive or profane language.</li><li>d. Refrain from taking photographs on institutional property for any purpose without specific permission from the administration.</li><li>e. Refrain from giving/leaving anything behind for use by an offender without approval from administration.</li><li>f. Refrain from inappropriate signs of affection.</li><li>g. Obey any staff member order.</li><li>h. Not discriminate.</li><li>i. Refrain from racially inflammatory speech, disparaging other religions or directly addressing issues of confinement.</li></ol></li><li>4. I do not have a personal relationship with any offender in Missouri Department of Correction's custody at the facility that I am accessing.<ol style="list-style-type: none"><li>a. If a personal relationship exists with any offender in Missouri Department of Correction's custody, it must be disclosed to the site coordinator at the facility I am accessing.</li></ol></li><li>5. I am not on any offender visiting list at the facility that I am accessing.</li><li>6. All vehicles will have doors locked, windows up and key removed from ignition.</li><li>7. No drugs are allowed in the institution except a personal one-day supply of prescribed medication in the original prescription container.</li><li>8. No tobacco products or electronic cigarettes (e-cigarettes) are allowed in all department facilities (except for authorized religious purposes or in designated smoking areas) and in all state owned or leased vehicles in accordance with the non-smoking and tobacco free department procedure.</li><li>9. If applicable, I will complete all training as required by the department.</li><li>10. I authorize Missouri Department of Corrections to conduct a Criminal History Check Screening.</li><li>11. I understand I cannot enter the facility until the site coordinator has received this application, it has been approved, and my name has been added to the Approved Entry Roster.</li><li>12. Failure to abide by this agreement or violation of any state or federal law during my visit may result in sanctions including arrest and prosecution.</li><li>13. I agree to comply with departmental drug and tuberculosis testing, as applicable.</li></ol>			



Effective August 2013, the Department of Corrections must be in compliance with the final standards implementing the Prison Rape Elimination Act (PREA), issued by the U.S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.

(1) Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private)?

☐ YES ☐ NO If you selected the box marked "YES", please complete the following:

a. Please identify each facility as indicated below:

FACILITY #1	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #2	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON

b. While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?

☐ YES ☐ NO If you checked the box marked "YES", please explain below:

---

---

---

---

---

(2) **CRIMINAL CHARGES:** Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent? This includes, but is not limited to, the following crimes:

- Forcible Rape (or Attempted Forcible Rape)
- Statutory Rape (or Attempted Statutory Rape)
- Sexual Assault
- Forcible Sodomy (or Attempted Forcible Sodomy)
- Statutory Sodomy (or Attempted Statutory Sodomy)
- Child Molestation
- Deviate Sexual Assault
- Sexual Misconduct Involving a Child
- Sexual Contact with a Student
- Sexual Misconduct
- Sexual Abuse
- Sexual Contact with a Prisoner or Offender

☐ YES ☐ NO If you selected the box marked "YES", please explain below:

---

---

---

---

---

---

---

☐ YES ☐ NO If you selected the box marked "YES", please explain below:

APPLICANT NAME (PRINT)	LAST 4 DIGITS OF SSN OR MO DRIVER'S LICENSE NUMBER
------------------------	--

APPLICANT'S SIGNATURE	DATE
-----------------------	------

APPROVALS	
VOLUNTEER SITE COORDINATOR SIGNATURE	DATE

MULES/NCIC	CAO	DATE
------------	-----	------