

**NORTHPOINT TRAINING CENTER**  
Individual Visitor's Information Form

Northpoint Training Center shall be committed to utilizing members in good standing of their Church, Synagogue, Masjid, or Faith group to assist in ministering to the inmate population. As one of the conditions for attending religious services, the guest shall be required to complete and sign the following form. PLEASE PRINT OR TYPE.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ Date of Issue \_\_\_\_\_

Maiden Name \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever served for a criminal conviction? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Are you on parole or probation? \_\_\_\_\_ If yes, court and officer \_\_\_\_\_

Do you have a family member or friend serving time at NTC? \_\_\_\_\_

If yes, name and number \_\_\_\_\_

Do you personally know anyone serving time at NTC? \_\_\_\_\_

If yes, name and number \_\_\_\_\_

Are you visiting anyone during regular visitation at NTC? \_\_\_\_\_

If yes, name and number \_\_\_\_\_

What Church or Faith group do you represent? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Pastor or Leader \_\_\_\_\_ Phone \_\_\_\_\_

Have you ministered in prison before? \_\_\_\_\_ If yes, when, where, and with what church or group \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

YOU SHALL COMPLETE THE ENTIRE FORM AND  
THE WAIVER AND RELEASE ON THE BACK

**WAIVER AND RELEASE**

I, \_\_\_\_\_, am an adult over the age of eighteen (18) and a resident of \_\_\_\_\_. By my signature to this document, I certify that I have read and understand ;the “Institutional Religious Center Visitor’s Regulations” for Northpoint Training Center and I agree to abide by them.

I further agree that ;I enter the premises of Northpoint Training Center voluntarily and that I am fully aware of the potential risks involved in that entry.

I hereby absolve and release Northpoint Training Center, the Commonwealth of Kentucky, its employees and agents from any liability or injury or damage I may suffer, either accidentally or willfully, caused by the actions of any person living or working in or on the premises of Northpoint Training Center.

I further understand that Northpoint Training Center reserves the right to conduct a search of my person at any time during the course of my visit and I agree to this procedure.

Date \_\_\_\_\_ , 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Return completed form to:

Chaplain  
Northpoint Training Center  
P.O. Box 479  
Burgin, Kentucky 40310

**THANK YOU FOR BEING AN INSTITUTIONAL RELIGIOUS CENTER VISITOR AT  
NORTHPOINT TRAINING CENTER**

In order to accomplish our task in a safe and orderly manner, the following rules have been established:

1. As you have been granted visitor status to enhance the inmate's opportunity for worship, please ensure that your involvement and association with the inmate shall be consistent with this goal.
2. You shall follow the instructions given by the correctional staff. As a guest of the institution, always obey if asked by an officer, no matter what you are doing.
3. A volunteer who has been convicted of a felony shall have written permission from his parole officer and the Warden or his designee before being permitted to visit.
4. You shall have a valid picture identification card before being permitted to visit.
5. You shall stay in the assigned areas.
6. A volunteer may no be related to an inmate in the institution they minister unless prior approval has been granted by the Warden or his designee.
7. A volunteer shall not enter into a romantic relationship with an inmate.
8. A female volunteer shall not be permitted to lay hands on an inmate. A brief handshake shall be permissible.
9. A female volunteer shall dress neatly and appropriately. Tight pants or provocative dresses shall not be worn.
10. Volunteers shall dress neat, clean and comfortable.
11. Do not argue with an inmate. If an inmate does not wish to talk to you. . . Walk away. Report any abuse or improper conduct by an inmate to the Chaplain.
12. You shall no bring any items into the institution unless prior approval has been given. You shall not take or send to an inmate any messages to or from a third party on behalf on an inmate
13. You may not give anything to an inmate except approved literature, nor may you receive anything from an inmate.
14. You shall not bring weapons, intoxicants, drugs, candy, cough drops, or butane cigarette lighters onto the compound. Money shall be considered contraband for the inmate on the yard. If a question arises concerning a permissible item, please consult with the Chaplain.
15. Medication shall be prohibited on the yard, unless medically required during your visit. Only the required dosage shall be brought in. This shall be reported to the Chaplain prior to bringing the medication onto the yard.
16. You shall not take sides in inmate disputes. Always remain neutral.
17. If you witness illegal activity on the part of a fellow visitor, an inmate, or staff, you shall be obligated to report this activity.
18. If you observe a life-threatening situation, such as an inmate with a weapon, remain calm and report this to the nearest staff member immediately.
19. You shall abide by policy and the rules of the institution. If a doubt arises about the legality of and issue, consult with the Chaplain.
20. Cameras, video equipment, and recording devices shall not be permitted in the institution unless prior approval is granted from the Warden or his designee.
21. A visitor shall no be permitted to engage in a personal relationship with an inmate including writing letters, receiving telephone calls, and giving an inmate you telephone number or address.

Signature \_\_\_\_\_

Date \_\_\_\_\_