



**Miami-Dade Corrections and Rehabilitation Department
Background Investigation Consent and
Acknowledgment of Rules and Regulations Form
(Persons 18 or Over)**

Full Name of Participant: _____

List All Other Names Used (Aliases/Maiden Name): _____

Name of Production: _____

Telephone Number: _____

Gender: Male Female Height: _____ Weight: _____

Race/Ethnicity: Black White Asian Hispanic

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Current Driver's License/State ID/Passport (18 years or older):

Identification Number

*A copy of your driver license or other current government issued identification needs to be submitted with this application.

Have you ever been arrested or detained? _____ If yes, please provide the date(s) and explain the circumstances and outcomes: _____

The following acknowledgement is required for approval to participate:

I, _____, acknowledge and agree to the following rules and regulations concerning this production:

- MDCR reserves the right to refuse any person entrance to a detention facility.
- Participants may be subject to a pat down search before entering the detention facility.
- Participants shall stay within their Production area and cannot move unescorted throughout the facility.
- Participants will not communicate in any way with an inmate. Any disruptive behavior during the production or refusal to follow rules as instructed are grounds for removal from the facility.
- Personal property is not allowed in the detention facility and can be secured in your vehicle. Personal property such as weapons, electronic devices (such as cameras, recording devices, cell phone, and tablets/computers), tobacco products, medication, currency, food/clothing, or other contraband are strictly prohibited in the facility pursuant to Florida Statutes.
- Participants should dress conservatively and are prohibited from wearing the following:
 - Clothing that resembles a correctional employee (officer or civilian) uniform, such as all green or a green and white skirt/pants and shirt combination
 - Clothing that resembles an inmate uniform, such as orange, red, white, colored scrubs
 - Hats or head covering. Visitors who assert they are required to wear a hat or head covering because of a documented medical or religious reason shall submit to a search of the head wear by removing said item. A supervisor shall review all medical/religious claims, witness the search, and ensure the incident is documented
 - Tight fitting, see-through, provocative and/or revealing clothing of any kind e.g., spandex, sheer, netting, torn or frayed attire, bathing suits, body suits, athletic shorts, hot pants



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- Tops that are cut low; reveal more than 2 inches of cleavage, more than 4 inches of the back, or any portion of the abdomen; halter tops, tube tops, tank tops, spaghetti straps, sleeveless/muscle shirts, strapless shirts
 - Shorts above 3 inches from the knee e.g., micro/mini shorts
 - Skirts and dresses above 2 inches from the knee e.g., micro/mini-skirts. Slits in skirts/dresses must not exceed mid-thigh when seated
 - Non-prescription sunglasses
 - Hooded garments or clothing with offensive lettering or designs
1. Participants shall not give anything to an inmate unless authorized by the Facility/Bureau Supervisor in writing.
 2. Participants shall not provide personal favors to any inmate, including preferential treatment to family members in the facility (nepotism).
 3. Participants shall treat inmates with dignity and respect.
 4. Sexual relations with inmates, regardless of consensual status, are prohibited and subject to administrative and criminal sanctions.
 5. Participants shall abide by the rules and regulations of the facility and MDCR.
 6. Participants shall be properly dressed when entering a facility.
 7. No food, newspapers, or any other outside items shall be allowed into the facility unless prior approval is given by the Facility/Bureau Supervisor.
 8. If any volunteer or contractual personnel have questions as to conduct, within the facility, he/she shall contact the Facility/Bureau Supervisor, or the Shift Supervisor/Shift Commander.
 9. Any problems with an inmate shall be reported to an MDCR staff member, Shift Supervisor/Shift Commander or Facility/Bureau Supervisor.
 10. Participants will be given a tour of the facility to familiarize the individual with the Shift Supervisor/Shift Commander area, evacuation routes, alarm pull stations, and locations of staff telephones.
 11. Participants shall not smoke in the facility, nor shall they introduce or give any tobacco products (cigarette, cigar, chewing tobacco, marijuana, including lighters, and matches) to an inmate(s).
- Abide by the Florida State Statute 951.22 which governs County detention facilities; contraband articles
 - (1) It is unlawful, except through regular channels as duly authorized by the sheriff or officer in charge, to introduce into or possess upon the grounds of any county detention facility as defined in s. 951.23 or to give to or receive from any inmate of any such facility wherever said inmate is located at the time or to take or to attempt to take or send therefrom any of the following articles which are hereby declared to be contraband for the purposes of this act, to wit: Any written or recorded communication; any currency or coin; any article of food or clothing; any tobacco products as defined in s. 210.25(12); any cigarette as defined in s. 210.01(1); any cigar; any intoxicating beverage or



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beverage which causes or may cause an intoxicating effect; any narcotic, hypnotic, or excitative drug or drug of any kind or nature, including nasal inhalators, sleeping pills, barbiturates, and controlled substances as defined in s. 893.02(4); any firearm or any instrumentality customarily used or which is intended to be used as a dangerous weapon; and any instrumentality of any nature that may be or is intended to be used as an aid in effecting or attempting to effect an escape from a county facility.(2) Whoever violates subsection (1) shall be guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

By signing below, I consent to and understand that Miami-Dade Corrections and Rehabilitation Department will conduct a criminal background check and I agree to follow all policy, procedures and rules listed above. Any false or inaccurate information listed by me may cause the disapproval of the Production request. Please allow 21 working days prior to the first day of filming for processing.

Signature

Date

-----MDCR Use Only-----

Background Investigation Waived: _____
 Clearances conducted by: _____
 Date conducted: _____
 Approved to enter facility: Yes No
 CAU Staff Approval: _____
 Date: _____
 CAU Manager Approval: _____
 Date: _____