

**ARLINGTON COUNTY DETENTION FACILITY  
CLEARANCE REQUEST FORM  
FOR GUEST SPEAKERS**

Date Requested \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Volunteer Name(s) \_\_\_\_\_

Program: (Check One)

AA

ESL Class

NA

Chess Program

Life Skills

Other:

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**GUEST INFORMATION:**

First, Middle, Last Name \_\_\_\_\_

Date of Birth     \_\_\_ / \_\_\_ / \_\_\_\_\_     SS#     \_\_\_ - \_\_\_ - \_\_\_\_\_

Birthplace \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

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**RESULT:**                      Cleared                      Denied                      Other

Date of Result \_\_\_\_\_

Length of Time, if Cleared \_\_\_\_\_

Name/Signature of Authorizing ACDF Staff Person: \_\_\_\_\_

Follow Up: \_\_\_\_\_

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*Thank you for your assistance!*  
OAR Volunteer Services  
703-228-7051