



# Prince Albert Grand Council Spiritual Healing Lodge

## VISITING APPLICATION

Family Name (of inmate you wish to visit)	➔
Given name(s)	➔

### IMPORTANT

**PLEASE READ THIS FORM CAREFULLY. Answer all questions and sign in the applicable spaces. You are also required to submit with this application TWO CURRENT PHOTOGRAPHS of yourself (full face view, head and shoulders only) minimum size 2" x 1 1/2" (5cm x 3.5 cm), Send your completed application with photographs to the Spiritual Healing Lodge (refer to the Prince Albert Grand Council site for the appropriate mailing address).**

**NOTE: Failure to complete the form fully will result in delays in the visitor approval process. Providing false information is sufficient to deny access.**

### INFORMATION ON APPLICANT

Your name			Your date of birth		Your place of birth			
Family name	Given names (in full)	Maiden name (if applicable)	YYYY-MM-DD		City/ Town	Prov/ Country		
Your present address			Apt. No.	City	Province	Postal Code		
Your telephone no.		Telephone no. where SHL representative could contact you if necessary			Your physical description			
Home ( )	cell ( )	work ( )	other ( )	Height	Weight	Colour of Hair	Colour of eyes	
I am the Relative's								
<input type="checkbox"/> Father		<input type="checkbox"/> Mother		<input type="checkbox"/> Spouse		<input type="checkbox"/> Common-law partner		
<input type="checkbox"/> Brother		<input type="checkbox"/> Sister		<input type="checkbox"/> Son		<input type="checkbox"/> Daughter		
Other (specify type: volunteer, friend, cousin, aunt, uncle)						Length of relationship:		
Explain if extenuating circumstances:								
Name of person and contact no., where a SHL representative may contact in an emergency			Name			Telephone No. ( )		
Are you on another inmate's visiting list?				Are you a volunteer visitor at this or any other institution?				
<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes				
If YES, state inmate's name		Relationship to him/her		Which institution		If YES, state the name of the group or program you take part in and the institution name.		
Give the name(s) and age(s) of any of your children (age 18 and below) for whom you wish visiting privileges.				Have you ever been convicted of a criminal offence for which you have not been granted a pardon, or an offence for which you have been granted a pardon and such a pardon has been revoked?				
Name(s)			Date of Birth YYYY-MM-DD		<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Are there at present any outstanding charges against you?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				Please indicate what document you will be using as identification when visiting the SHL. Give name of document and the registration or other number appearing on it.				

Inmate Name

**OFFICE USE ONLY**

Date received at SHL and by whom YYYY-MM-DD	Date application sent to CSC YYYY-MM-DD		Comments
Date received at CSC and by whom YYYY-MM-DD	Date application reviewed YYYY-MM-DD	<input type="checkbox"/> Approved	
Date received at CSC and by whom YYYY-MM-DD	Date application reviewed YYYY-MM-DD	<input type="checkbox"/> Denied	

**POLICY OF PRINCE ALBERT GRAND COUNCIL SPIRITUAL HEALING LODGE**

- a) You are required to produce photo identification when you arrive for your visit.
- b) Visitors in an impaired state will be prohibited from visiting. If need be, police will be called to assist you off the property.
- c) All items brought into the Spiritual Healing Lodge is subject to inspection.
- d) Visitors attempting to bring in contraband will be denied access to the Spiritual Healing Lodge.  
Contrabands means:
  - An intoxicant
  - A weapon or component thereof, ammunition of a weapon, and that is designed to kill, injure or disable a person or that is altered so as to capable of killing, injuring or disabling a person, when possessed without prior authorization.
  - An explosive or a bomb or a component thereof,
  - Currency over any applicable prescribed limit, when possessed without prior authorization, and
  - Any item not described in paragraphs (a) to (d) that could jeopardize the security of the Spiritual Healing Lodge or the safety of persons, when that item is possessed without prior authorization.
- e) A staff member may conduct a routine non-intrusive search where a staff member suspects on reasonable grounds that the visitor is carrying contraband or carrying other evidence relating to an offence.

**ACKNOWLEDGEMENT AND CONSENT**

1. I understand that the Correctional Service of Canada has the sole right to determine my suitability as an inmate's visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a criminal record name check and I hereby give my consent to the Correctional Service of Canada to use the information provided on this form to conduct such a check. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge, and I agree to notify the SHL authorities immediately should there be any changes to that information. I also give my consent that criminal record name checks be conducted every two years as per CD 559, provided that I continue to participate in visits. I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period. Finally, I agree to observe all stated rules, regulations and policies while visiting the SHL and understand that the failure to do so may likewise result in suspension of my privileges for an indefinite period.
2. I understand that my oral, visual or telecommunications with an inmate may be subject to interception.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (YYYY-MM-DD)