

# WORK RELEASE PROGRAM RULES

1. Participants must obey all posted jail rules.
2. Participants must obey all federal, state and local laws.
3. Participants abstain from the use of any alcohol or drugs unless prescribed by a physician. Jail staff will be notified of all medications.
4. Participants work schedule changes will be by prior approval only. Overtime will be allowed only by prior approval.
5. Participants will not enter any tavern, lounge or bar at any time.
6. Participants will not be allowed to drop off ANY property for another inmate.
7. Participants will not be allowed to talk to another inmate via phone while at work.
8. Participants will only be allowed to attend AA and NA meetings if mandated by the court. It will also be pre-approved by the Jail staff.
9. Participants are subject to random searches.
10. Participants will travel directly to his/her job site and return directly to the jail. If for any reason the participant is delayed he/she will contact the jail immediately.
11. Participants will only drive if approved. At no time will the participant ride with another driver unless prior approval has been obtained.
12. Participants are subject to breathalyzer and urinalysis testing anytime requested by staff at the participant's own expense. The participant will be assessed a fee for each urinalysis test. There must be enough money on the participants account for one (1) test at all times.
13. Participants are required to keep the daily fee's paid up seven (7) days in advance at all times.
14. Daily fees are charged according to current fee schedules for Okanogan County and out of county commitments.
15. Participants must comply with any lawful order given by jail staff or any law enforcement officer.

**\$20.00 NON-REFUNDABLE FEE IS DUE WHEN TURNING  
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# OKANOGAN COUNTY CORRECTIONS

## WORK RELEASE PROGRAM

I, \_\_\_\_\_, AS A PARTICIPANT IN THE OKANOGAN COUNTY CORRECTIONS WORK RELEASE PROGRAM, AGREE TO BE GOVERNED BY THE FOLLOWING RULES AND REGULATIONS. I FURTHER AGREE THAT FAILURE TO ABIDE BY THESE RULES WILL RESULT IN MY REMOVAL FROM THE WORK RELEASE PROGRAM, IMMEDIATE PLACEMENT INTO GENERAL POPULATION AND MAY REQUIRE A COURT APPEARANCE IF DEEMED NECESSARY.

### **THESE RULES ARE IN CONJUNCTION WITH ALL OTHER JAIL POLICIES AND REGULATIONS.**

1. I UNDERSTAND THAT I MUST GO DIRECTLY TO MY PLACE OF EMPLOYMENT AND RETURN DIRECTLY TO THE WORK RELEASE FACILITY. THIS SHALL ONLY BE MODIFIED BY THE CORRECTIONS OFFICER ON DUTY, THE PROGRAM SUPERVISOR OR A COURT ORDER.
2. I UNDERSTAND THAT IF MY JOB IS TERMINATED OR IF I HAVE TRANSPORTATION PROBLEMS, I SHALL IMMEDIATELY CONTACT THE CORRECTIONS STAFF AND ABIDE BY THEIR INSTRUCTIONS.
3. I UNDERSTAND THAT IF I CANNOT ABIDE BY THESE REGULATIONS BECAUSE OF A MEDICAL CONDITION, I SHALL PROVIDE A WRITTEN STATEMENT FROM A PHYSICIAN.
4. I UNDERSTAND THAT ANY MEDICAL EXPENSES INCURRED DURING MY INCARCERATION AND WHILE ON THE WORK RELEASE PROGRAM ARE MY RESPONSIBILITY AND NOT THAT OF THE OKANOGAN COUNTY JAIL.
5. I UNDERSTAND THAT IF I USE ANY TYPE OF MOTOR VEHICLE WHILE AWAY FROM THE FACILITY, I MUST PROVIDE A VALID WASHINGTON STATE DRIVERS LICENSE, PROOF OF ADEQUATE VEHICLE INSURANCE, AND PERMISSION FOR USE OF THE MOTOR VEHICLE IF I AM NOT THE REGISTERED OWNER.
6. I WILL NOT GO TO TAVERNS, RESTAURANTS, OR ANY OTHER PLACE WHERE ALCOHOLIC BEVERAGES ARE SOLD BY THE DRINK, NOR WILL I DRINK ALCOHOLIC BEVERAGES AT ANY TIME WHILE I AM ON THIS PROGRAM.
7. I UNDERSTAND AND AGREE NOT TO POSSESS OR CONSUME ANY TYPE OF DRUGS OR CONTROLLED SUBSTANCES WITHOUT A PRESCRIPTION FROM A PHYSICIAN.
8. I UNDERSTAND AND AGREE THAT I WILL SUBMIT, UPON ANY CORRECTIONS OFFICERS REQUEST TO A BREATHALYZER AND/OR A URINE TEST. FAILURE TO TAKE THE TEST WILL RESULT IN IMMEDIATE REMOVAL

FROM THE WORK RELEASE PROGRAM. ANY POSITIVE RESULT ON THE BREATHALYZER OR URINE TEST WILL RESULT IN DISQUALIFICATION OF WORK RELEASE STATUS.

9. I WILL NOT INCUR ANY DEBTS OR FINANCIAL OBLIGATIONS WHILE I AM PARTICIPATING IN THIS PROGRAM WITHOUT THE WRITTEN PERMISSION OF THE JAIL ADMINISTRATOR.
10. I UNDERSTAND AND AGREE TO PAY \$15.00 (FIFTEEN DOLLARS) PER DAY WITH AT LEAST ONE WEEK TOTAL IN ADVANCE. I UNDERSTAND AND AGREE TO PAY \$25.00 (TWENTY FIVE DOLLARS) PER DAY WITH AT LEAST ONE WEEK TOTAL IN ADVANCE, IF I AM SERVING AN OUT OF COUNTY COMMITMENT. I FURTHER UNDERSTAND THAT IF I BECOME DELINQUENT IN MY WORK RELEASE PAYMENTS I WILL BE REMOVED FROM THE PROGRAM AND RETURNED TO GENERAL POPULATION FOR THE REMAINDER OF MY SENTENCE.
11. I UNDERSTAND I WILL LEAVE MY LIVING AREA IN A CLEAN AND ORDERLY MANNER. I FURTHER UNDERSTAND I WILL NOT BRING ANY ITEM INTO THIS FACILITY WITHOUT THE APPROVAL OF THE CORRECTIONS STAFF.
12. I UNDERSTAND AND AGREE TO A STRIP SEARCH EACH EVERY TIME I RETURN TO THE WORK RELEASE FACILITY.
13. I UNDERSTAND I NEED TO FILL OUT AND TURN IN MY APPLICATION AT LEAST ONE WEEK PRIOR TO THE START OF MY COMMITMENT.

\_\_\_\_\_

INMATE SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

CORRECTIONS DEPUTY SIGNATURE

\_\_\_\_\_

DATE

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# EMPLOYER AGREEMENT

(THIS PAGE IS TO BE FILLED OUT BY EMPLOYER)

I \_\_\_\_\_ GIVE THE OKANOGAN COUNTY SHERIFF'S OFFICE OR THEIR DESIGNATED AGENT PERMISSION TO ACCESS THE WORK RELEASE EMPLOYEE'S WORK AREA IN ORDER TO VERIFY THE WORK RELEASE INMATE'S WORK STATUS. I HAVE THE AUTHORITY TO GIVE THIS PERMISSION AND IT MAY BE EXERCISED WHENEVER THE WORK RELEASE INMATE IS SCHEDULED TO BE WORKING.

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE #

OKANOGAN COUNTY JAIL  
WORK RELEASE EMPLOYER INFORMATION

INMATE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ IDENT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOURS: \_\_\_\_\_ SHIFT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORK DAYS: \_\_\_\_\_

NAME/PHONE NUMBER OF PERSON TRANSPORTING INMATE TO/FROM WORK

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDITIONAL COMMENTS/INFORMATION:

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# **WORK RELEASE CRITERIA**

***JUST BECAUSE YOU ARE ELIGIBLE FOR WORK RELEASE  
DOES NOT MEAN YOU QUALIFY***

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1. Participants must be approved by the sentencing court to apply and must:
  - a. Qualify by the same standards set out in RCA 9.94A.185
  - b. Be sentenced to a minimum of 5 days in jail.
  - c. Be employed prior to incarceration of a minimum 30 hour work week or be a full time student.
2. No registered sex offenders or crimes of a sexual nature will qualify by jail rules.
3. The application process must be completed to the satisfaction of the programs officer.
4. All applicants must pass a urine drug screen test prior to being placed on work release and submit to random testing at the discretion of corrections staff at the participant's expense.
5. Inmate disciplinary reports will be considered a factor in applicants.
6. Participants must agree to pay in advance daily fees, drug test, and application fees.
7. Participants must abide by the rules of the jail.
8. Participants must remain current in their court ordered financial obligations and conditions of probation.
9. Participants are responsible for all health care related cost.
10. Participants will not operate a motor vehicle or ride with someone unless authorized by a program officer.