

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 \$20.00 (TWENTY DOLLARS) PER DAY WITH AT LEAST ONE WEEK TOTAL IN ADVANCE. 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 A WEEK PRIOR TO THE START OF MY COMMITMENT.

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CORRECTIONS DEPUTY SIGNATURE

\_\_\_\_\_  
DATE

EMPLOYER AGREEMENT

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: