

# WASHOE COUNTY SHERIFF



## SHERIFF'S COMMUNITY WORK PROGRAM APPLICATION

NAME: \_\_\_\_\_ CASE #: \_\_\_\_\_ SS #: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ CURRENT CHARGES: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_ SCARS, MARKS, TATOOS: \_\_\_\_\_

GANG AFFILIATION: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER AND OCCUPATION: \_\_\_\_\_ EMPLOYER'S ADDRESS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_ DAYS OFF: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### REFERENCES:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU NAMED IN A RESTRAINING ORDER? Yes / No WHERE? \_\_\_\_\_

ARE YOU ON PAROLE OR PROBATION? Yes / No OFFICER'S NAME: \_\_\_\_\_

HAVE YOU EVER THOUGHT ABOUT ENDING YOUR LIFE? Yes / No IF YES, DO YOU FEEL THAT WAY NOW? Yes / No

### CIRCLE ANY OF THE FOLLOWING CONDITIONS YOU CURRNETLY HAVE:

HIGH BLOOD PRESSURE	AIDS/HIV	TUBERCULOSIS
HEART PROBLEMS	ASTHMA	PSYCHIATRIC
DIABETES	HEPATITIS	DEFORMITIES
BACK PROBLEMS	ALLERGIES	SKIN CONDITION
SEIZURES	LEG PROBLEMS	OTHER

### FEMALES ONLY:

ARE YOU PREGNANT? Yes / No  
DUE DATE: \_\_\_\_\_

HAVE YOU RECENTLY GIVEN BIRTH? Yes / No WHEN? \_\_\_\_\_

DO YOU TAKE ANY MEDICATIONS? Yes / No NAME OF MEDICATION(S): \_\_\_\_\_

WILL ANY OF THE MEDICAL CONDITIONS IDENTIFIED KEEP YOU FROM PARTICIPATING IN THE SHERIFF'S COMMUNITY WORK PROGRAM? Yes / No EXPLAIN: \_\_\_\_\_

### CIRCLE ANY SPECIAL SKILLS YOU HAVE:

BRICKLAYING	BICYCLE REPAIR	MECHANICS
PLUMMING	ELECTRICAL	LANDSCAPING
CARPENTRY	CONSTRUCTION	OTHER

I agree not to work more than 8 (eight) hours at any activity, such as another job, volunteer services, etc. on any day that I am participating as a worker on the Sheriff's Community Work Program. I am agreeing to this for safety reasons, to keep myself from being fatigued, which may result in injury and/or damages to others or me.

I have identified any medical conditions or disabilities that may prevent me from participating in the Sheriff's Community Work Program. I am able to stand on my feet, work 8 (eight) to 10 (ten) hours per day, and lift or carry 25 (twenty-five) pounds. If I am unable to meet these requirements, I will supply a medical note from my physician.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**WASHOE COUNTY SHERIFF'S OFFICE  
SHERIFF'S COMMUNITY WORK PROGRAM  
SUPERVISION FEE AGREEMENT**

I, \_\_\_\_\_, understand and accept that when submitting an application to participate in the Sheriff's Community Work Program (S.C.W.P.), a fee of \$25 will be required. I understand this fee is due and payable upon completion of the application, and that this is a non-refundable fee.

I agree to pay the Washoe County Sheriff's Office \$10 for each change made to my schedule once accepted and scheduled to work for the Sheriff's Community Work Program, due and payable at time of schedule change. In addition, I agree to pay \$1.50 for every copy requested. The only acceptable changes that do not require a fee are documented court appearances or a documented medical excuse due to an emergency or current illness.

If, for any reason, I am removed from the Sheriff's Community Work Program including, but not limited to, early release from court, payment of fine(s), violation of law, or violation of the Sheriff's Community Work Program rules, I will not receive a refund of any of the above fees.

I understand my signature on this contract is legally binding and that failure to pay as agreed by this contract will result in civil action being filed against me for collection of all unpaid fees, and may also result in a warrant being issued.

I have read, or had read, to me (by: \_\_\_\_\_), all parts of this contract and agree to abide by all parts.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
S.C.W.P. Staff Member

\_\_\_\_\_  
Date

Application fee paid \$ \_\_\_\_\_

**WASHOE COUNTY SHERIFF'S OFFICE  
SHERIFF'S COMMUNITY WORK PROGRAM**

**INFORMATION WAIVER UNDER**

I/We \_\_\_\_\_  
Printed Name:            Last                            First                            Middle

Hereby authorize and direct any relative, employers, all municipal, county, state, and federal law enforcement agencies, any other persons or organizations having any information regarding the above named individual(s) to release same to a duly authorized member of the Washoe County Sheriff's Office.

The above named individual(s) understands that any information obtained will be used solely for the purposes stated below.

Determine eligibility for initial placement or continued eligibility in the Sheriff's Community Work Program, enforcing compliance with the program, and/or to insure the return of the above named person(s) into the judicial and/or correctional system.

The above named person(s) expressly waives his/her rights with respect to the Right to Privacy Act 1974, and authorizes the use of copies of this document by a duly authorized member of the Washoe County Sheriff's Office.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SHERIFF'S COMMUNITY WORK PROGRAM STAFF MEMBER ID#

\_\_\_\_\_  
DATE

**WASHOE COUNTY SHERIFF'S OFFICE  
SHERIFF'S COMMUNITY WORK PROGRAM  
RULES, REGULATIONS, AND CONDITIONS**

1. You must report on the dates and times agreed to in this contract. FAILURE TO REPORT TO THE ASSIGNED JOB, INSUBORDINATE BEHAVIOR TOWARDS YOUR SUPERVISOR, OR FAILURE TO PERFORM YOUR ASSIGNED WORK WILL RESULT IN ONE OR MORE OF THE FOLLOWING:
  - A. REMOVAL FROM THE PROGRAM AND RETURNED TO JAIL
  - B. NOTIFICATION TO THE COURT OF YOUR VIOLATION
  - C. NO CREDIT WILL BE GIVEN FOR TIME YOU DID NOT ACTUALLY WORK
2. Transportation to the Sheriff's Community Work Program is your responsibility.
3. All participants are subject to search while in the Sheriff's Community Work Program Office or on the assigned job site. Persons found in possession of contraband shall be canceled from the program and may be subject to criminal charges being filed. Contraband includes: alcohol, narcotics of any type, prescription drugs, and any type of weapon.
4. You must report to work RAIN OR SNOW. Wear clothing and shoes suitable for the weather. You are expected to be prepared for work out of doors. You will need rain gear and/or warm clothing during inclement weather. Gloves are recommended. NO SHORTS OR OPEN TOED SHOES ARE ALLOWED.
5. You will not be permitted to have visitors, make telephone calls, or carry a cell phone or pager.
6. **You are to provide your own lunch. You will not be allowed to leave the work site.**
7. You are not to communicate at the work site with anyone other than your supervisor or other participants.
8. Reporting for work in an intoxicated condition or under the influence of drugs or alcohol will be cause for cancellation from the work program and possible criminal charges filed.
9. All participants are subject to random drug and/or alcohol testing while on the program.
10. If you are removed from the program for any reason, you will not receive a refund for any funds paid.
11. FAILURE TO COMPLETE THE PROGRAM MAY RUSULT IN SANCTIONS INCLUDING ALL OF YOUR GOOD TIME TAKEN AWAY OR THE ISSUANCE OF A WARRANT FOR ARREST.
12. PARKING IS AVAILABLE IN THE PARKING GARAGE ON THE 6<sup>TH</sup> FLOOR AND UP. DO NOT PARK IN FRONT OF THE BUILDING FOR ANY REASON.

I AGREE TO FOLLOW THE ABOVE RULES, REGULATIONS, AND GUIDELINES OF THIS PROGRAM. I am aware that I must report any injury that occurs while completing my community service immediately to my supervisor. I agree to complete any required documentation in relation to the injury as required by the agency in order to receive needed care.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date