

SISKIYOU COUNTY SHERIFF'S OFFICE
Jeremiah LaRue, SHERIFF
 SHERIFF'S INMATE WORK ALTERNATIVE PROGRAM
 805 JUVENILE LANE, YREKA, CA. 96097

APPLICATION FOR WORK PROGRAM

Applicant Name (Last, First, Middle)				Race	Birthdate	Age	
Home Address		Apt#	City	Zip	Home Phone#		Cell Phone#
		Sex	Height	Weight	Eye Color		Hair Color
Driver's License #		State	License Status				
			Valid	Suspended	Revoked	Restricted	
Marital Status		# of Children				Lives with you	
Married	Divorced	Separated	Single			Yes	No
Emergency Contact		Phone Number		Address		Relationship	
Are you on Probation? YES NO				Probation Officer Name/Contact Information			
County of Probation -							
Means of Transportation to crew meeting site							

INSTRUCTIONS FOR FILLING OUT YOUR APPLICATION

Be completely honest with your answers. Failure to tell the truth may result in denying your application for the Sheriff's Inmate Work Crew Program. Make sure **ALL** the requested information to the best of your ability. If the question is not applicable, or the answer is unknown, state so. Do not leave any question blank. If you fail to complete all information requested on this application, it may result in a delay or denial to the program.

OFFICE USE ONLY

Date Submitted _____

Approved By _____

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Participant Agreement

1. I understand that I am participating on the work crew in lieu of completing my jail sentence in Jail or to complete my community work service hours. _____ **Initial**
2. I will appear at 8:00 AM at the Day Reporting Center ready for work. I will be dressed in long pants, work shoes and an appropriate shirt and/or jacket for weather conditions. _____ **Initial**
3. I will not violate any laws or jail rules. If I have any contact with any Law Enforcement Agency, I will report such contact as soon as possible to the Day Reporting Center (DRC) Staff. I will submit my person, places, and things under my custody or control, or in which I have an interest, to search and seizure by any Peace Officer at any time of the day or night with or without probable cause, and with or without a warrant. _____ **Initial**
4. I will comply with all terms and conditions of my probation supervision (if any) and any directives issued by my probation officer or agent of the Probation Department. Failure to abide with any of these orders may result in my immediate removal from worker status. _____ **Initial**
5. I will not consume or possess any alcoholic beverages, marijuana, illegal drugs, narcotics or paraphernalia. I will advise the DRC staff of any prescription drugs I am required to take. I will bring all necessary medications/medical appliances that I need with me. All medication use during work hours will be with the approval of medical staff and the crew supervisor. _____ **Initial**
6. Appearing for work while under the influence of alcohol or drugs will result in my immediate dismissal from the program and confinement in the county jail. _____ **Initial**
7. I will submit to any chemical, blood, breath, saliva or urine testing deemed necessary by DRC staff and/or any Peace Officer. _____ **Initial**
8. No persons that are not assigned to the work crew may join or meet me during the working hours of the DRC. _____ **Initial**
9. Weapons and/or drugs are prohibited while assigned to the Day Reporting Center. Possession of such items subject me to arrest. _____ **Initial**
10. Any items found during the course of my work will be immediately turned over to the Work Crew Supervisor. I may not keep any items that I find in the course of my work with the Inmate Work Crew. _____ **Initial**
11. I will abide by any reasonable requests and instructions of the DRC staff. _____ **Initial**
12. I will be financially responsible for any medical expenses incurred outside of the working hours of the Inmate Work Crew while participating in the Work Program. _____ **Initial**
13. I will immediately report all injuries or changes in my health to DRC staff. _____ **Initial**

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14. I will immediately notify the DRC staff if I am unable to attend work. I understand that the only reason for missing work is sickness, court appearances, or pre-scheduled employment will constitute an excused absence. I further understand that I will be required to produce written documentation addressing the reason for my absence. All scheduled time off needs to be approved by DRC staff and a Time Off request slip needs to be filled out. _____ **Initial**
15. I understand that I will not be given credit toward my sentence for excused absences.
_____ **Initial**
16. I understand that unexcused absences will not result in credit toward my sentence and that unexcused absences may result in my dismissal from the program and incarceration in the county jail.
_____ **Initial**
17. I understand that once I enroll in the program, excessive absences, or failure to maintain communication with the DRC staff, whether excused or unexcused may result in dismissal from the program, incarceration in the county jail or a warrant issued for your arrest. _____ **Initial**
18. I will participate in programs offered by Jail Programs staff; this includes Drug and Alcohol, Anger Management, Interactive Journaling, Individual Therapy and any other programs that staff feels would aide in my rehabilitation. Failure to participate could result in sanctions up to and including removal from the work crew. _____ **Initial**

I, _____, having been accepted to participate in the Sheriff's Work Alternative Program, understand I must comply with the foregoing rules and regulations. I also acknowledge and agree that if I violate any of these conditions, I may be subject to disciplinary actions, which may include removal from the Sheriff's Alternative Work Program and/or remand into Siskiyou County Jail. **I further understand and acknowledge that leaving the job and/or failing to report as ordered to the Day Reporting Center will constitute escape and I may be arrested and charged Pursuant to section 4532 of the California Penal Code. Be advised that the Siskiyou County Day Reporting Center is an extension of the Siskiyou County Jail. Any person that knowingly brings or knowingly assists in bringing any controlled substances or weapons on the Day Reporting Center property or has them in possession will be charged with a felony, per PC 4573, PC 4574.**

All persons and property are subject to search.

Participant's Signature

Approved by:

Program Staff

Date

MEDICAL QUESTIONNAIRE

As a participant in the Sheriff's alternative work program, you will be expected to complete strenuous physical activity for extended periods of time in all weather conditions.

Do you take medication? Please advise staff if you need to take any medication while working. **Yes No**
☐ ☐

Do you have or been treated for Heart Disease or High Blood Pressure? ☐ ☐

Do you have or been treated for any lung problems? Asthma, Emphysema COPD? ☐ ☐

Do you have or been treated for epilepsy, convulsions, or a seizures disorder? ☐ ☐

Do you have or been treated for Diabetes? If yes do you use insulin? ☐ ☐

Is there any reason that you would be unable to perform strenuous outdoor work? ☐ ☐

Are you able to lift/carry 10 lbs. without assistance? ☐ ☐

Are you able to stand/walk for extended periods of time? ☐ ☐

Do you use or need any assistive devices? (hearing aids, canes, crutches etc.) ☐ ☐

Do you have any environmental, food or medication allergies? If yes please explain. ☐ ☐

Are you pregnant? ☐ ☐

If you have any health concerns while participating in the Alternative Work Program please advise staff.

Completed By: _____
(Printed Name)

(Signature)

(Date)