

COUNTY OF NEVADA

PROBATION DEPARTMENT

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H. DOUGLAS LATIMER
Chief Probation Officer

WORK RELEASE PROGRAM

GENERAL OVERVIEW

The Nevada County Probation Department is responsible for the proper functioning of the Work Release Program. This program permits qualified individuals sentenced to the Nevada County Jail on weekends to complete their commitment by participating on a weekend workcrew supervised by the Probation Department.

Qualifications

To qualify for the Work Release Program you must:

1. Be sentenced to the Nevada County Jail on a weekend commitment for no more than fifteen(15) weekends.
2. Be sentenced to the Nevada County Jail on a short term straight commitment for thirty(30) days or less.
3. Be sentenced to the Nevada County Jail on a long term straight commitment with less than thirty(30) days left to serve.

Program

If you qualify and are accepted in the Work Release Program you must:

1. Report to the Central Worksite on Saturday and Sunday mornings and work for eight(8) hours each day.
2. Obey the rules and regulations of the program and all instructions given to you by the Workcrew Supervisor.
3. Pay an administrative fee of \$15.00 per day or \$30.00 per weekend in advance. You will not be permitted to work if you fail to pay in advance.

Acceptance in the program will be dependant upon a satisfactory interview with the Work Release Officer, severity of current offence, prior record, and a recommendation from jail personnel.

Eight (8) hours of work on the Work Release Program will equal one twenty-four (24) day of incarceration.

If you fail to pay, attend, or cooperate within the guidelines of the program, you will be returned to jail and appropriate sanctions will be taken.

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NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

Introduction and Goals:

In January of 1985, the County Board of Supervisors established the Work Release Program and directed the Nevada County Probation Department to design, implement and supervise the program. The objectives of the Work Release Program are as follows:

1. To provide Nevada County with a constructive alternative to incarceration.
2. To reduce the inmate population in the Nevada County Jail under specific conditions that provide for the safety of the community and the sentenced individual.
3. To grant the sentenced individual the opportunity to provide service and labor to community work projects and charitable/non-profit organizations while maintaining their present employment, family relations and community ties.
4. To accomplish work within the community that is otherwise not completed due to lack of finances.
5. To reduce overcrowding of the Nevada County Jail by removing low-risk offenders.

Administration and Supervision:

The duties of the proper administration and supervision of the Work Release Program has been assigned to the Nevada County Probation Department. The Work Release Program provides for the following personnel and organizational structure:

- 1 - Supervising Deputy Probation Officer
- ½ - Deputy Probation Officer II
- 1 - Group Supervisor I or II

The proper administration and functioning of the program is the responsibility of the Supervising Probation Officer assigned to the Adult Supervision Unit. The Deputy Probation Officer II assigned to the program will designate one half of his/her time to obtaining needed work related projects in the community, the necessary tools and supplies to complete the project, and the follow-up evaluation of the completed work. The two Group Supervisors under the direction of the Superintendent of the Nevada County Juvenile Hall will be responsible for the direct supervision and evaluation of all inmates assigned to the Work Release Program. The Group Supervisors have the authority to evaluate the work performance of the inmates assigned to the program as well as the authority to enforce all rules and conditions related to the Work Release Program.

Conditions and Guidelines:

The Work Release Program will function predominantly under the following listed conditions. These conditions may vary to meet the needs of any emergency or extraordinary circumstance.

1. Working hours will be 8:00 a.m. to 5:00 p.m. on each Saturday and Sunday.
2. Each inmate will provide his/her own transportation to the designated central worksite. Transportation to alternative worksites will be provided by the Work Release Program.
3. Each inmate will be provided with a sack lunch prepared by the Juvenile Hall and delivered to the designated worksite.
4. Inmates assigned to the Work Release Program will report in person to the Probation Department at an appointed time to complete an orientation to insure that the inmate clearly understands the expectations of the program.
5. Inmates assigned to the program must be physically and emotionally capable of completing physical labor.
6. Inmates will report to the central worksite promptly and dressed appropriately to complete physical labor. Individuals not dressed appropriately will not be permitted to work.
7. Inmates will complete work hours in accordance to the court orders and will not be permitted to work less than eight (8) hours on any assigned work day.
8. The work site supervisor will keep a record of hours served and an evaluation of the inmates work performance to be presented to the Probation Department or sentencing court upon request or failure in the program.
9. Work site supervisors will inform the Probation Department immediately of any problems with inmates. This shall include absences, unsatisfactory work, or poor attitude. The Probation Department will determine what action should be taken.
10. Inmates shall not be absent from the work release program except for a definite illness or emergency. In the case of illness the inmate is to notify the probation officer assigned to the program as soon as possible. In certain situations the probation officer can require that the inmate provide a doctor's release.
11. No inmate is to report to the central worksite or alternative worksite to work in possession or under the influence of any alcoholic beverage, illegal drug, or controlled substance. Violation of this condition may result in court action.
12. Inmates shall be credited for one day of jail time for successful completion of eight (8) hours of Work Release. No good time or work credit apply to Work Release in lieu of jail time.

Conditions and Guidelines, continued

13. Placement in the Work Release Program will be in lieu of or in addition to a jail sentence. The Probation Department may at any time with good reason make a recommendation of termination from the program.
14. Inmates granted the Work Release Program must pay \$15.00 per work day in advance each week to the Probation Department or to the supervision personnel at the central work-site prior to commencing work.

Liaison with Community Agencies:

Any community agency that is provided services from the Work Release Program must provide a liaison person who can make contact with the Probation Department prior to the commencement of work. This person is responsible for providing the Probation Department with an exact description of what work is to be completed. Additionally, if specific supplies are necessary (paint, wood, etc) the agency must provide the materials in advance. Evaluation of the services rendered will be completed by the liaison person and a representative of the Probation Department to ensure the quality of the work.

Computation of Time:

Each inmate will serve eight (8) hours of labor for each 24 hour day of confinement. It will be the responsibility of the Work Release Officer to convert confinement days to work release hours and to compute the exact number of days the inmate must serve on the program.

Screening Procedures:

The Work Release Officer is responsible for the screening of individuals who make an application or appear eligible for the program. An individual will not be interviewed for the program unless he/she has filled out an application.

In cases where the department is completing a presentence report with a recommendation for weekend confinement, the Probation Officer completing the investigation and report may refer the defendant to the Work Release Officer to determine his/her eligibility for the program. However, the officer completing the presentence report should make a predetermination regarding the defendants suitability for the program, based on the departmental guidelines prior to referral to the Work Release Officer. If the investigating officer refers an individual to the program for screening, the officer does not have a follow-up obligation in regards to the defendants suitability for the program, and will complete the presentence report with a recommendation for weekend confinement in the Nevada County Jail. If the defendant is found to be a suitable candidate for the program by the Work Release Officer he/she will be given a date and time to report to the

Screening Procedures, continued

central worksite subsequent to sentencing, an orientation, and completion of the booking procedure in the Nevada County Jail.

The Work Release Officer will review, on a weekly basis, all persons serving or about to begin serving weekend commitments in the Nevada County Jail for possible inclusion in the program. The Work Release Officer will review the case of a possible candidate with Jail Supervisory Personnel and the sentencing court if necessary, and upon the completion of a satisfactory prescreening, will make contact with the individual regarding the program.

Evaluation and Eligibility:

To be eligible for the program an individual must:

1. Be serving weekends in the jail or awaiting a court appearance with a recommendation to serve weekend confinement.
2. Be serving less than thirty (30) days of confinement.
3. Have less than thirty (30) days left on a confinement. Individuals serving more than thirty (30) days in confinement will not be considered for the program. A minimum twenty four (24) hour commitment is needed for eligibility.

At the time of interviewing a potential candidate for the Work Release Program, the following factors must be taken into consideration by the Work Release Officer:

1. The subject's eligibility for the program.
2. The subject's interest and motivation towards the program.
3. The subject's willingness to perform work that is assigned by the program.
4. The subject's ability to perform in the program. This process must include the subject's physical and emotional abilities or limitations.

Additionally, the Work Release Officer must determine whether the program is appropriate for the subject in accordance with the candidates present family, employment and financial status. When evaluating a subject's present "life situation", there may be cases in which the Work Release Program is not in the best interest of the candidate and the court. The evaluation of the candidate's "life situation" might indicate that he/she could not successfully complete the program and that regular incarceration might be more appropriate and conducive to success.

The determination of a subject's eligibility for the Work Release Program should follow the department's general guidelines as outlined. The predominant factors that the Work Release Officer must consider in the process of determining a subject's eligibility for the program is the candidates degree of risk to the community, to the supervisory personnel or other inmates assigned to the program.

Potential candidates that come within the definition of "High Risk Offenders" will be carefully screened and in most cases will be determined to be ineligible for the program.

Evaluation and Eligibility Contd.

" High Risk Offender" is an individual:

1. With a record of probation or parole violations.
2. With a history of failure to appear or bail revocations.
3. Presently before the court with a serious offense or where the circumstances of the offense may be considered serious.
4. With a prior offense or a conviction of a prior offense that is of a serious nature.
5. With a lengthy record of prior offenses or convictions.
6. With an offense or conviction of a crime against persons, i.e., assault, battery, resisting arrest, sexual molestation, use of a deadly weapon, ect.
7. Arrested or convicted of the sale of drugs/narcotics where the circumstances were considered to be serious or sophisticated.
8. That is addicted, suffers from mental illness or lack of emotional stability.
9. With a current offense of violence resulting in injury.
10. With a current offense of escape or a past history of escape.
11. With a poor custody record.
12. That provides inadequate or false information to probation or jail staff.
13. That fails to address responsibility for involvement in the current offense or prior offenses.
14. With poor physical health or handicap that cannot be handled by a light duty assignment.
15. With pending court matters or failures to appear.

an individual with an ongoing workmens compensation suit is not eligible for the program

In the process of determining the eligibility of potential candidates for the Work Release Program, there may be individual cases that are not eligible, but may be determined to be an exception due to certain circumstances. In such cases, the Work Release officer, after the completion of the interview, will evaluate the case with his/her supervisor to determine eligibility.

During the screening interview, the subject will be advised regarding the rules of the program, the Work Release fee, and where and when to report. Additionally, the subject must be advised that the Work Release fee is to be paid in advance in the Probation Department or to the supervision personnel at the central worksite prior to commencing work. The fee is to be paid in money order form, payable to the Nevada County Probation Department. A receipt will be issued and the payment noted in the central system. Failure to pay the required fee will result in termination from the program.

Acceptance Into the Program:

Inmates who have not been booked in the Nevada County Jail subsequent to their court appearance that have been accepted into the program will be instructed to report to the Jail for booking and release to the program. Notification that the subject has been booked will be forwarded by the Jail personnel to the Work Release Officer.

Individuals who are accepted into the program or ordered into the program by the court without an opening on a work crew will be placed on a waiting list. During the time the inmate is on the waiting list, he/she may be required to commence serving weekend confinements until an opening is available. When an opening is available, the inmate and the jail personnel will receive written notification of his/her change of status.

In cases where an individual has been completing weekend confinements subsequent to his/her court appearance and has been found acceptable for the program, the Work Release Officer will notify the jail personnel. The notification will include the date and time for the inmate to report to the central worksite and the expected date of completion.

Termination From the Program:

An inmate may be terminated from the program due to the following reasons:

1. Completion of Sentence - An inmate will be terminated from the program when he/she has completed the prescribed sentence in a satisfactory manner. Notification will be forwarded to the jail, advising booking personnel of the inmates termination. A copy of this notification will be placed in the files of the Work Release Program and a copy will be forwarded to the Probation Department if appropriate.
2. Failure of Program - An inmate may be terminated from the program for failure to comply with the rules and regulations, failure to pay, failure to report as specified, or for involvement in new criminal charges. If an inmate should fail in the program, he/she will be given written notification which will indicate how his/her case will be processed.
3. Modification of Sentence - An inmate may be terminated from the program as a result of a modification of his/her sentence by the court. If an inmate's sentence is modified, the court will forward notification to the Work Release Officer. Subsequently, the Work Release Officer will notify the jail personnel.

Attendance

Inmates must report to the central worksite each Saturday/*Leaving* or to the Probation Department on the designated days as agreed upon in the "Notice to Appear" form. If an inmate is absent any day during the first two days of their commitment he/she will be returned to custody to complete the remainder of his/her commitment in Jail. Additionally, if an inmate accumulates three (3) unauthorized absences he/she will be returned to custody. In the case of an absence due to illness or injury the inmate must provide written documentation from a physician to the Work Release officer prior to 4:30 pm. on the following business day for consideration of an excused absence. If an inmate reports more than 15 minutes late or without a money order he/she will be given an unauthorized absence.

Injury and Illness:

Should an inmate become injured or ill while in custody of the Work Crew Supervisor, and should the Supervisor determine that the injury or illness is of a "life threatening" nature, the inmate is to be transported immediately by ambulance to the nearest medical facility.

Should the illness or injury be of a "non-life threatening" nature, the inmate is to be transported immediately by county vehicle to the nearest medical facility. The Work Crew Supervisor shall transport the injured inmate as soon as possible or if necessary request that a sheriff deputy be dispatched to complete the transportation.

All medical bills incurred as a result of injury or illness on the work crew are to be forwarded to the Nevada County Probation Department for payment.

Minor injuries may be treated on the job site by the Work Crew Supervisor, utilizing the first aid kit.

The Work Crew Supervisor will complete a "Special Incident Report" describing any injury or illness that occurs during the work crew hours if medical attention is required or not. "Special Incident Reports" describing injury or illness are to be forwarded on the first working day following the incident to the Chief Probation Officer and the Supervising Probation Officer responsible for the Work Release Program. A copy of the Special Incident Report will be placed in the Work Release Special Incident folder. A brief description of the injury or illness must be recorded in the Work Release Log.

Medications:

All inmates are to inform the Work Crew Supervisors of any medications that have been prescribed for him/her by a physician as well as the time and amount that is to be taken. Inmates must grant permission for the Work Crew Supervisor to take possession and dispense the medication during working hours if directed to do so. If it is determined that a medication must be dispensed to an inmate, the Work Crew Supervisor will possess only the amount needed during the working day and subsequent to the administration of the medication make an entry in the daily log entering the time, inmates name and amount given. The Work Crew Supervisor dispensing the medication must ensure that the inmate

Medications, continued

consumes it at the time it is issued through careful observation and supervision of the process.

If an inmate reports to work with a prescribed medication and has not obtained advance approval from the Work Release Officer, the Work Crew Supervisor must make a determination regarding the inmates fitness to participate on the work crew as well as the validity and seriousness of the medication. In this process of evaluation, the Work Crew Supervisor may contact the prescribing physician, the dispensing pharmacy or contact the Emergency Room to obtain information regarding the effects of the medication.

In many cases determining the seriousness of any medication is very difficult and dangerous without the expertise of a medical professional. Therefore, caution must be prevalent in making any decisions regarding the medications of any inmate.

Responsibilities of Work Release Officer:

Under the direction of the Supervising Probation Officer, the Work Release Probation Officer will assume responsibility for the practical operation of the program. These responsibilities shall include, but not be limited to, the following:

1. Public Information - The Work Release Officer will make known to the appropriate departments and agencies of the public sector, state, county and municipalities that inmate labor is available for selected public works. Likewise, charitable, non-profit organizations of the community should be notified.
2. The Selection, Scheduling and Inspection of Work Site Assignments - The Work Release Officer will meet with a representative of the beneficiary organization in a preliminary meeting to determine required labor needs. At this time the beneficiary organization will assign a liaison person who will represent its interests and provide direction, expertise and evaluation relative to the work performed. The Work Release Officer will inspect the job site to determine personnel, material and equipment needs. Weekly contact and inspection will continue until the project has been completed satisfactorily. The beneficiary organization will complete a "Request for Program Services" at the beginning of the project and a "Job Site Evaluation Report" at the completion of the project with the help of the Work Release Officer.
3. The Training and Supervision of the Work Crew Supervisors - This process will be in conjunction with the Juvenile Hall Superintendent and the Supervising Probation Officer responsible for the Work Release Program.

Responsibilities of Work Release Officer, continued

4. The Supervision of Accurate Records and the Processing of Required Reports in a Timely Manner - At the completion of each month the Work Release Officer will submit a Monthly Summary Report to the Supervising Probation Officer which will be forwarded to the Chief Probation Officer.
5. The Appropriation and Maintenance of Tools and Equipment - The Work Release Officer will inspect all tools and equipment on a weekly basis to ensure proper maintenance, safety and appropriate equipment for the designated project.
6. Meal Order - Based upon the number of inmates assigned to the program, the Work Release Officer will inform the Juvenile Hall on each Thursday by 3:00 p.m. of the number of lunches to be prepared for inmates and staff for Saturday and Sunday.
7. The Screening, Orientation and Scheduling of Inmates - Whenever possible, the Work Release Officer will be responsible for the advanced screening, orientation and scheduling of inmates assigned to the program. The orientation shall include a full explanation of the rules and regulations and the inmates signature on the rules and regulations agreement form.
8. The Collection of Administrative Fees - Whenever possible the Work Release Officer will be responsible for the advanced collection of the administrative fees from inmates and the safeguard of all collected fees.

Responsibilities of Work Crew Supervisors:

Under the direction of the Juvenile Hall Superintendent and the Supervising Probation Officer responsible for the Work Release Program, the Work Crew Supervisors will be responsible for the direct supervision of inmates released to the Probation Department for the Work Release Program. The care, custody and control of all inmates, equipment and vehicles assigned to the program during working hours will be the direct responsibility of the Work Crew Supervisors. The responsibilities of the Work Crew Supervisors shall include, but not be limited to the following:

1. The Maintenance of a Daily Log - The Work Crew Supervisors are responsible for maintaining a daily log describing all work crew activities.
2. The Accounting and Safety Inspection of All Tools and Equipment - The Work Crew Supervisors will inspect and account for all necessary tools needed to complete the assigned work project. Any tools or equipment found to be faulty or unsafe are not to be utilized on the work crew. Inmates are to be instructed on the proper use of tools and equipment.

Responsibilities of Work Crew Supervisors, continued

3. The Collection of Administrative Fees and Orientation of Inmates - If not completed in advance, the Work Crew Supervisors will be responsible for the collection of administrative fees and orientation of inmates prior to the commencement of work. The orientation shall include a full explanation of the rules and regulations and the inmates signature on the rules and regulations agreement form. The Work Crew Supervisors will be responsible for the issuance of receipts and for the safeguard of all collected fees. An inmate shall not be allowed to participate in the program unless the fee has been paid and the rules and regulations agreement form has been signed.
4. The Roll Call and Instruction of Inmates - The Work Crew Supervisors will conduct a roll call at the beginning of the work crew which will include attendance, brief inspection of inmates for proper work clothes and sobriety, instruction on the safe use of tools and equipment, rules and regulations, and an explanation of the work objectives and how they are to be completed. The Work Crew Supervisors will conduct random counting of the inmates throughout the work day and enter the count in the log book. The names of any inmates not in attendance will be noted on the Attendance Roster and in the daily log. The Work Crew Supervisors shall not leave the work site prior to the end of the work day nor shall any inmate be allowed to leave unless directed by the Work Crew Supervisors. Each inmate is to be instructed that "being out of supervision" for any reason will result in disciplinary action.
5. The Proper Interaction with Organizational Liaison - The Work Crew Supervisors shall work in close contact with any person on the worksite who has been designated as the liaison from the beneficiary organization. The liaison person is to provide direction and expertise in the accomplishment of the project. Therefore, it is considered imperative that the liaison be able to communicate directly to the inmate and participate in limited supervisory responsibilities. However, it must be clearly understood that each inmate is at all times under the ~~direct control~~ and supervision of the Work Crew Supervisor. This responsibility cannot be shared or delegated to the organizational liaison, even though there may be occasions when inmates may be working under the direction of the liaison person.
6. The Evaluation of Inmates and Report Writing - The Work Crew Supervisors will be responsible for the proper and accurate evaluation of each inmate's work performance and the completion of any necessary reports. All inmate evaluations and reports are to be completed in a timely manner to ensure accuracy.

Responsibilities of Work Crew Supervisors, continued

7. The Supervision of Noon Meal - The Work Crew Supervisors will arrange for the transportation of lunch to the work site from the Juvenile Hall. Lunches will be prepared by the Juvenile Hall staff prior to the commencement of the Work Crew and ready for transportation to the work site. A suitable eating area is to be selected by the supervisors providing for both comfort and supervision of the inmates.
8. The Reinspection, Accounting and Securing of All Tools and Equipment - The Work Crew Supervisors will reinspect, account for, and secure all tools and equipment. Any tools or equipment that appears unsafe or is in definite need of repair or destruction should be marked with a tag and notification given to the Work Release Officer.

The Work Crew Supervisors may for cause refuse to accept into custody any inmate. Such cause may include but not be limited to: alcohol or drug intoxication, sickness or injury, and tardiness. An absence or rejection for reasons of illness or injury may be excused through the submission of a medical statement signed by a licensed physician. Inmates who are rejected from participation on a given day for cause or due to a direct violation of the rules and regulations shall be transported to the Nevada County Jail.

Special Incident Reports:

Special Incident Reports are to be completed by the Work Crew Supervisors in the case of an accident, injury, illness, escape, severe discipline problem, return of an inmate to jail or any extraordinary situation that should be documented and brought to the attention of administrative personnel. A Special Incident Report should be completed as soon as possible subsequent to the incident and completed with an original and two copies. The reports should be distributed as follows:

1. The original filed in the Special Incident Folder
2. One copy forwarded to the Chief Probation Officer
3. One copy to the Supervising Probation Officer responsible for the Work Release Program.

Booking and Release of Inmates:

All individuals participating in the Work Release Program are inmates of the Nevada County Jail. Therefore all participants must complete the booking process prior to commencing work and will be released subsequent to successful completion of the program. An individual must not be permitted participate in the program unless he/she has completed the booking process. Program personnel must utilize the appropriate forms when requesting that an individual be booked or released.

NEVADA COUNTY PROBATION DEPARTMENT
 WORK RELEASE PROGRAM
APPLICATION AND SCREENING INTERVIEW

PSI Referral _____	Intake P.O. _____
On Formal Prob. _____	P.O. _____
Prior Prob. _____	On File _____
Destroyed _____	
CII & DMV requested by Intake _____	
(Date)	
CII & DMV requested _____	
Appointment set for _____	
No. of Days _____	
Dates: _____	

Attached you will find forms requesting personal information. It is necessary that you complete all of the information requested on this form.

If you are accepted in the Work Release Program, you will be booked in the Detention Center and released in order that you may report to the central worksite each Saturday and Sunday or other designated days. You will work eight hours each day and be permitted to return home upon completion of a satisfactory work performance. You will be required to provide your own transportation to and from the central worksite, report to work on time, dress appropriately, perform the tasks assigned to you, and follow the instructions of the supervisors. Additionally, you will be required to pay an administrative fee of \$15.00 per day in advance with a money order.

If you need further information regarding the program, please contact the Work Release Officer at the Nevada County Probation Department. Please write clearly.

LAST NAME: _____ FIRST: _____ MIDDLE: _____

AS(ES): _____

RESS: _____ PHONE: _____

MALE: _____ FEMALE: _____ DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ MARKS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO. _____

PERSON TO CONTACT
 IN CASE OF EMERGENCY: _____ PHONE: _____

DATE OF OFFENSE: _____ ARRESTING AGENCY: _____

CURRENT CHARGES: _____ COURT: _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? ~~YES~~ ~~NO~~ ~~WHEN GRANTED:~~ _____

NUMBER OF YEARS: _____ EXPIRATION DATE: _____

DO YOU HAVE ANY PENDING CHARGES? _____

HAVE YOU EVER FAILED TO APPEAR IN COURT? _____

HAS A WARRANT EVER BEEN ISSUED FOR YOUR ARREST? _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

HOW LONG HAVE YOU LIVED IN NEVADA COUNTY? _____

HOW LONG HAVE YOU LIVED IN CALIFORNIA? _____

WORK HISTORY AND SKILLS

1. HAVE YOU BEEN IN THIS PROGRAM BEFORE? YES NO
IF YES, WHEN? _____
2. DO YOU RELY ON FRIENDS OR BUS SERVICE FOR TRANSPORTATION? YES NO
3. DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES NO
MAKE _____ MODEL _____ LICENSE PLATE NO. _____
4. ARE YOU AVAILABLE TO THE WORK RELEASE PROGRAM ON WEEKENDS? YES NO
OTHER TIMES? _____
5. DO YOU HAVE ANY LIMITATIONS REGARDING WORK? _____

6. DO YOU HAVE ANY SPECIAL SKILLS, INTERESTS OR LICENSE? _____

7. DO YOU OWN SPECIAL TOOLS THAT YOU WOULD USE ON A WORK ASSIGNMENT? _____

8. DO YOU HAVE WORKMEN'S COMPENSATION SUITS PENDING? YES NO

WHAT TYPE OF WORK CAN YOU PERFORM? (CHECK AS MANY AS APPLY)

- TYPING, BUSINESS MACHINES
- FILING, STUFFING ENVELOPES
- SEWING, MENDING
- KITCHEN HELP
- CHILD CARE
- ACTIVITIES WITH YOUTH
- ACTIVITIES WITH DISABLED
- ACTIVITIES WITH ELDERLY
- BUILDING MAINTENANCE: CUSTODIAL, HOUSEKEEPING
- OUTDOOR MAINTENANCE: GROUNDSKEEPING, LANDSCAPING
- BUILDING SKILLS: CARPENTRY, PLUMBING, PAINTING, ELECTRICAL
- PROFESSIONAL (SPECIFY) _____
- OTHER (SPECIFY) _____

10. PRESENT EMPLOYER: _____ PHONE: _____
WHEN STARTED: _____ SALARY: _____ SUPERVISOR: _____
11. DOES YOUR EMPLOYER KNOW OF YOUR INCARCERATION? YES NO
12. PREVIOUS EMPLOYER: _____ PHONE: _____
13. WORK REFERENCES AND PHONE NO. _____

14. OCCUPATION: _____

HEALTH SCREENING

1. DO YOU HAVE COVERAGE FOR THE FOLLOWING?
MEDICAL _____ DISABILITY _____ DENTAL _____
NAME OF INSURANCE COMPANY: _____
2. DO YOU HAVE ANY PROSTHESIS? (GLASSES, DENTURES, CONTACTS, ETC.) _____
3. ARE YOU CURRENTLY UNDER TREATMENT BY A PHYSICIAN? YES _____ NO _____
DOCTOR'S NAME: _____ PHONE: _____
REASON FOR TREATMENT: _____
4. HAVE YOU WITHIN THE LAST THREE YEARS REQUIRED A PHYSICIAN'S TREATMENT FOR ANY SICKNESS, INJURY, PHYSICAL, EMOTIONAL CONDITION OR SURGICAL OPERATION? YES _____ NO _____ (IF YES, EXPLAIN) _____
5. HAVE YOU EVER BEEN ADVISED TO HAVE A SURGICAL OPERATION WHICH HAS NOT BEEN PERFORMED, OR ARE YOU CONSIDERING ANY SURGERY? YES _____ NO _____ (IF YES, EXPLAIN) _____
6. DO YOU HAVE ANY MAJOR DENTAL PROBLEMS? YES _____ NO _____ (IF YES, EXPLAIN) _____
7. DO YOU HAVE ANY CURRENT INJURIES? YES _____ NO _____ (IF YES, EXPLAIN) _____
8. DO YOU HAVE ANY REASON TO BELIEVE THAT YOU MAY HAVE ANY PHYSICAL OR MENTAL ILLNESS AT THIS TIME? YES _____ NO _____ (IF YES, EXPLAIN) _____
9. HAVE YOU SUFFERED A SIGNIFICANT HEAD INJURY IN THE PAST 72 HOURS? YES _____ NO _____ (IF YES, EXPLAIN) _____
10. ARE YOU CURRENTLY UNDER ANY MEDICATIONS? YES _____ NO _____ (IF YES, EXPLAIN) _____
11. DO YOU TAKE ANY OVER THE COUNTER MEDICATIONS? YES _____ NO _____ (IF YES, EXPLAIN) _____
12. DO YOU HAVE ANY DRUG OR ALCOHOL USE WHICH WILL CAUSE WITHDRAWAL PROBLEMS OR IMPAIR YOUR ABILITY TO WORK? YES _____ NO _____ (IF YES, EXPLAIN) _____
13. HAVE YOU GAINED OR LOST WEIGHT RECENTLY? YES _____ NO _____ (IF YES, EXPLAIN) _____
14. DO YOU HAVE TROUBLE EATING OR SLEEPING? YES _____ NO _____ (IF YES, EXPLAIN) _____
15. DO YOU SMOKE HEAVILY? YES _____ NO _____
16. DO YOU HAVE TROUBLE BREATHING? YES _____ NO _____ (IF YES, EXPLAIN) _____

HEALTH SCREENING (Continued)

1 FEMALES ONLY: ARE YOU PREGNANT? YES _____ NO _____
HAVE YOU RECENTLY DELIVERED? YES _____ NO _____ HAVE YOU RECENTLY HAD
A MISCARRIAGE OR ABORTION? YES _____ NO _____ (IF YES TO ANY OF THE ABOVE, EXPLAIN)

18. DO YOU HAVE ANY SIGNIFICANT HEALTH PROBLEMS, MENTAL PROBLEMS OR LIMITATIONS THAT SHOULD
BE CONSIDERED REGARDING YOUR ACCEPTANCE IN THE PROGRAM OR TYPE OF WORK ASSIGNMENT?
YES _____ NO _____ (IF YES, EXPLAIN)

19. HAVE YOU EVER HAD OR NOW HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

TUBERCULOSIS	YES	NO	ANEMIA OR PALENESS	YES	NO
DIABETES	YES	NO	HEPATITIS	YES	NO
VENEREAL DISEASE	YES	NO	HIGH BLOOD PRESSURE	YES	NO
STOMACH ULCERS	YES	NO	KIDNEY TROUBLE	YES	NO
ARTHRITIS	YES	NO	SKIN PROBLEMS	YES	NO
ASTHMA/EMPHYSEMA	YES	NO	BLEEDING	YES	NO
CANCER	YES	NO	PNEUMONIA	YES	NO
JOINT INJURY	YES	NO	BACK TROUBLE	YES	NO
HEADACHES	YES	NO	HERPES	YES	NO
SLOW HEALING	YES	NO	MENSTRUAL PROBLEMS	YES	NO
BROKEN BONES	YES	NO	MENTAL/EMOTIONAL UPSET	YES	NO
EPISODES OF UNCONSCIOUSNESS	YES	NO	ATTEMPTED SUICIDE	YES	NO
FITS OR CONVULSIONS	YES	NO	DRUG OR ALCOHOL HABIT	YES	NO
HEART TROUBLE	YES	NO	ALLERGIES	YES	NO
PREGNANCY	YES	NO	REACTIONS TO MEDICATIONS OR SERUMS	YES	NO

(IF YES TO ANY OF THE ABOVE, EXPLAIN)

20. WHAT WAS THE DATE OF YOUR LAST PHYSICAL EXAMINATION? _____ DID YOU HAVE
ANY SIGNIFICANT PROBLEMS? (IF YES, EXPLAIN)

21. COMMENTS:

PRIOR CRIMINAL HISTORY

2. HAVE YOU EVER BEEN ARRESTED FOR AND/OR CONVICTED OF ANY OF THE FOLLOWING CRIMES:

	YES	NO
1. Assault?	_____	_____
2. Homicide?	_____	_____
3. Arson?	_____	_____
4. Sex crimes with a minor child (under age 18)?	_____	_____
5. Oral copulation?	_____	_____
6. Sodomy?	_____	_____
7. Rape?	_____	_____
8. Kidnapping?	_____	_____
9. Sale of narcotics (11379 or 11352 H&S Code CA.)?	_____	_____
9a. Sale of narcotics in other jurisdictions?	_____	_____
10. Possession of narcotics or marijuana while in jail?	_____	_____

23. IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

I HAVE READ THIS APPLICATION CAREFULLY AND HAVE ANSWERED ALL OF THE QUESTIONS TRUTHFULLY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ DATE: _____

Work Release Applications

Month:

19

Name	Opened	Appt.	A	R	No.
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
					16
					17
					18
					19
					20
					21
					22
					23
					24
					25
					26
					27
					28
					29
					30
					31
					32
					33
					34

Total Applications: _____

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM

NOTICE OF INCOMPLETE APPLICATION

Date: _____

Dear _____:

On _____, you made application with this department for acceptance in the Nevada County Work Release Program. Currently, your application is incomplete and the following information is urgently needed:

1. _____
2. _____
3. _____
4. _____
5. _____

Your prompt attention to this matter is necessary and appreciated. Please contact me immediately at the Nevada County Probation Department. The telephone number is 265-1200.

Sincerely, _____

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM

NOTICE OF DENIAL OF APPLICATION

To: _____ Date: _____

DOB: _____ Docket No: _____ Offense: _____

From: Work Release Officer

On _____, you submitted an application to this department for acceptance into the Nevada County Work Release Program. Your application has been carefully evaluated by the Work Release Staff and after full consideration thereof it is determined you are denied acceptance into the program for the following reason(s):

Therefore, you are required to report to the Nevada County Jail and surrender yourself on _____, the _____ day of _____, 19_____, at _____ AM/PM in accordance with your court commitment.

Sincerely,

Work Release Officer

Supervising Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM
Rules and Regulations Agreement Form

I have been afforded the opportunity to participate in the Work Release Program in lieu of incarceration. As a condition of remaining in the program I agree that:

1. I will pay an administrative fee of \$15.00 per day. Payment must be made prior to each work day - money orders only will be accepted.
2. I will report to the program each day that is assigned to me and not leave the work site until released by the Work Crew Supervisor.
3. I will provide my own transportation to and from the Central Worksite and will ensure that I have made transportation arrangements prior to each working day.
4. I will report to the Central Worksite dressed appropriately to complete physical labor. Gloves and rain gear may be appropriate and I will be required to wear an orange safety vest. If I am not dressed appropriately, I will not be permitted to work.
5. I will be provided lunch while in custody and will not bring my own food or drink unless I am on a special diet prescribed by a physician that has been verified and approved by the Work Release Officer in advance. I will not leave custody during lunch.
6. I am subject to search and seizure for contraband while in custody. Contraband includes weapons, alcoholic beverages and non-prescription drugs.
7. I will not be permitted to have visitors while on the job site.
8. I will not be permitted to communicate with anyone on the job site other than the Work Crew Supervisor, ~~other crew participants or a liaison person.~~
9. I will remain within close supervision of the Work Crew Supervisor at all times and will not leave the worksite for any reason unless given permission by the Work Crew Supervisor.
10. I will not be insubordinate toward the Work Crew Supervisors, demonstrate a poor attitude or fail to perform any assigned task.

NEVADA COUNTY PROBATION DEPARTMENT
WEEKDAY WORK RELEASE PROGRAM

Rules and Regulations Agreement Form

I have been afforded the opportunity to participate in the Work Release Program in lieu of incarceration. As a condition of remaining in the program I agree that:

1. I will pay an administrative fee of \$15.00 per day. Payment must be made prior to each work day - money orders only will be accepted.
2. I will report to the Probation Department each day to be assigned a Worksite and not leave the Worksite until released by the Worksite Supervisor.
3. I will provide my own transportation to and from the Probation Department and the Worksite and will ensure that I have made transportation arrangements prior to each working day.
4. I will report to the Worksite dressed appropriately to complete physical or clerical labor. Gloves and rain gear may be appropriate. If I am not dressed appropriately, I will not be permitted to work.
5. I will provide my own lunch while in custody. I will not leave the Worksite during lunch.
6. I am subject to search and seizure for contraband while in custody. Contraband includes weapons, alcoholic beverages, and non-prescription drugs.
7. I will not be permitted to have visitors while on the Work site during Work Release hours, including the lunch hour.
8. I will not be permitted to make personal phone calls or to communicate with anyone on the Worksite other than the Worksite Supervisor or other crew participants.
9. I will remain within close supervision of the Worksite Supervisor at all times and will not leave the Worksite for any reason unless given permission by the Probation Department.
10. I will not be insubordinate toward the Worksite Supervisor, demonstrate a poor attitude, or fail to perform any assigned tasks.
11. I will not be under the influence of or in possession of any alcohol or drugs.
12. I will inform the Probation Officer of any medications that have been prescribed for me by a physician and when I am to take them.

NEVADA COUNTY PROBATION DEPARTMENT
WEEKDAY WORK RELEASE PROGRAM

Rules and Regulations Agreement Form

13. I will notify the Worksite Supervisor and Probation Officer immediately if I injure myself or another participant on the Worksite.
14. I will arrive promptly each day that is assigned to me. If I arrive later than 15 minutes after the scheduled reporting time, I will be considered absent for that day. Three (3) unexcused absences will result in termination from the program.
15. I will provide a memo from the treating physician in the case of an emergency absence due to a valid medical or dental problem, and I will contact the Work Release Program to report my absence prior to the scheduled working hours.
16. I will provide the Probation Officer with a copy of my valid driver's license and car liability insurance prior to being released to the Worksite. Should I not drive, I will provide the Probation Officer with my designated driver's valid driver's license and car liability insurance.

I do hereby waive and release the County of Nevada, its officers and employees, from any and all liability occasioned/caused from my transportation from the Probation Department to the worksite attendant to the Work Release program and vice versa. I further agree to indemnify and hold harmless said County and its officers and employees for any claims, losses, attorney fees or costs which may be associated with any loss, injury, or liability that I may experience directly or indirectly from transporting myself from the Probation Department to the worksite attendant to the Work Release Program and vice versa.

Date: _____ Inmate: _____

The foregoing document was read by the inmate in my presence, and I discussed it with him/her, answering any questions he/she may have had.

Date: _____ Probation Officer: _____

NEVADA COUNTY PROBATION DEPARTMENT

Court _____

Work Release Program

fense _____

Attendance and Chronological History

Name: _____ DOB: _____ On Probation: ___ Y ___ N

Mailing Address: _____ Prob. Officer: _____

Residence Address: _____ Phone No. _____

Emergency Notification: _____ Phone No. _____

Driver License No. _____ Status: Valid/Suspended/Revoked/Retricted

Physical Limitations: ___ Y ___ N Program Days: M T W Th F Sat Sun

Days to Serve: _____ Start Date: _____ End Date: _____ Completed/Roll-up

WORK DATE	AMOUNT PAID	HOURS WORKED	INIT. OFF	NO.	WORK DATE	AMOUNT PAID	HOURS WORKED	INIT. OFF	NO.	WORK DATE	AMOUNT PAID	HOURS WORKED	INIT. OFF
				6.					11.				
				7.					12.				
				8.					13.				
				9.					14.				
				10.					15.				

DATE INTER CONTACT

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

REQUEST FOR BOOKING

To: Booking Officer

From: Work Release Officer

Subject: _____

DOB: _____

Date: _____

Offense: _____

The above named subject has been interviewed and accepted for inclusion in the Work Release Program. You are requested to book him/her, compute maximum and minimum dates, then release him/her to the custody of the Probation Department where he/she will serve his/her sentence on the Work Release Program.

Should he/she fail to report or to abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Release Officer

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

JAIL NOTIFICATION OF ACCEPTANCE

To: Booking Officer

From: Work Release Officer

Subject: _____ DOB: _____

Date: _____

The above named subject will not be reporting for weekends in the Nevada County Jail on _____, as previously ordered by the court. Instead he/she will report to the Work Release Program on _____ to complete his/her weekend commitment.

Should he/she fail to report or abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Release Officer

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

CONVERSION OF TIME

To: Booking Officer

From: Work Release Officer

Subject: _____ DOB: _____

Date: _____ Booking No.: _____

The above named subject has been interviewed and accepted for inclusion on the Work Release Program. You are requested to release him/her on _____ to the custody of the Probation Department. His/Her remaining sentence will be converted to weekends on the Work Release Program, and you will be informed of his/her revised release date.

Should he/she fail to report or abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Release Officer

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

Date: _____

WARNING NOTICE

Dear _____:

You have accrued _____ unexcused absences.

This notice is to inform you that three (3) unexcused absences result in a program failure. Therefore if you miss _____ more day on the program, you will be returned to jail.

Sincerely,

Work Crew Supervisor
Nevada County Work
Release Program

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

DATE: _____

Dear _____:

Your failure to comply with the rules and regulations of the Nevada County Work Release Program has caused you to be terminated for the following reasons:

- Late for work repeatedly
- No longer has transportation to work
- Unexcused absences
- Unsatisfactory work
- Poor attitude
- Failure to report as specified
- Other

YOU ARE NO LONGER TO REPORT TO THE WORK RELEASE PROGRAM.

You must report to the Nevada County Jail. Surrender yourself on _____, the _____ day of _____, 19 _____, at _____ a.m./p.m.

You will be credited for time served on the program. _____ days will be credited and forwarded to the jail.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Work Crew Supervisor
Nevada County Work
Release Program

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

JAIL NOTIFICATION OF FAILURE

To: Booking Officer

From: Work Release Officer

Subject: _____ DOB: _____

Date: _____ Credit for time served: _____ day(s)

On _____, the above named subject began serving his/her sentence on the Work Release Program. He/she worked on the program successfully until _____.

The above named subject has been informed in writing to report to jail on _____ at _____ to complete the rest of his/her sentence. Please credit him/her with _____ day(s) completed on his/her original sentence. Please do not credit him/her with any additional "work" time as he/she has failed our program.

Thank you for your cooperation in the matter. If any further information is needed, please contact the undersigned.

Sincerely,

Work Release Officer

Photograph

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM

ORDER TO RETAKE INTO CUSTODY

TO: Chief Probation Officer

FROM: Work Release Officer _____

Surname: _____ First: _____ Middle: _____

Alias(es): _____

Address: _____ Phone: _____

Male: _____ Female: _____ DOB: _____ Age: _____ Birthplace: _____ Race: _____

Ht: _____ Wt: _____ Eyes: _____ Hair: _____ Marks: _____

Social Security No: _____ Driver's License No: _____

CII No: _____ FBI No: _____ NCSO Booking No: _____

Court No: _____ Probation No: _____

Court: Superior: _____ Justice: _____ GV: _____ NC: _____ Truckee: _____

Offense: _____

Days to Serve: _____ Starting Date: _____ Ending Date: _____

Reason For Request: _____

It is hereby ordered that the above described inmate be retaken into custody to complete the remainder of his/her original sentence.

Date: _____

H. Douglas Latimer
Chief Probation Officer
County of Nevada

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

REQUEST FOR RELEASE

TO: Booking Officer
FROM: Work Release Officer
RE: _____ DOB: _____
DATE: _____ Credit for Time Served _____ Days

The above named subject has successfully completed his/her sentence on the Work Release Program. You are requested to release him/her.

Thank you for your cooperation in the matter. If further information is needed, please contact the undersigned.

Sincerely,

Work Release Officer

Photograph

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM

ADJUSTMENT SUMMARY

RE: _____ PO: _____

OFFENSE: _____ COURT: _____

DAYS TO SERVE: _____ STARTING DATE: _____ ENDING DATE: _____

REASON FOR TERMINATION FROM PROGRAM:

Completed sentence _____ Modification _____ Failed _____

If failed: actual days worked on program: _____
date returned to jail: _____

GENERAL RESPONSE AND ATTITUDE TOWARDS PROGRAM:

Excellent _____ Good _____ Fair _____ Poor _____ Unacceptable _____

GENERAL WORK PERFORMANCE:

Excellent _____ Good _____ Fair _____ Poor _____ Unacceptable _____

REPORTING:

Consistent _____ Inconsistent _____

Unexcused Absences _____ Medical Absences _____

Excused Absences _____

COMMENTS:

Signature of Work Release Officer: _____ Date: _____

NEVADA COUNTY WORK RELEASE PROGRAM

INSTRUCTIONS FOR PROGRAM COMPLETIONS

1. Have inmate sign release on pink Booking Sheet.
2. On front of the hard card write:
Date-Subject time served ___ days on Work Release Program. (initial)
3. Fill out request for release form.
4. Mark "S" (for success) on Inmate Population Form.
5. Put the subject's Commitment, Booking Sheet, and Request for Release form in the subject's hardcard and put on Janice's desk at the Detention Center.
6. Complete the subject's chrono. Put chrono in the subject's folder and put in the closed bin.

INSTRUCTIONS FOR PROGRAM FAILURES

1. On Monday send Program Failure Notice to the subject by certified mail.
2. On Friday:
 - A. Fill out Jail Notification of Failure form. Write on the bottom of the notice how many days the subject has left to serve, whether it is to be served on weekends or straight time, in the main jail.
 - B. Write the same information as above on the subject's hard card.
EXAMPLE:
10/12/87 - Subject failed Work Release Program. Has 5 days remaining to serve on weekends in the main jail. Please credit him with 3 days served. js
 - C. Take the Hard Card with the failure notice, the committ, and the booking sheet to the jail and turn it in. (Usually to Pam.)
 - D. Fill out all of this on the subject's chrono, put it in his folder, and then in the closed bin.
 - E. On the Inmate Population Sheet, mark the subject as a (F) failure.

WEEKEND WORK RELEASE CHECKLIST

- Log lunch count Friday and Saturday only
- Log personnel and location (Hall log)
- Log personnel and location (W/R log)
- Log removal of security gear (Both logs)
- Check briefcase for required paperwork and folders, money receipt book, and cash box
- Check food supplies, cups, trash bag, igloo, ice
- Read inmate folders
- Load all equipment, hard hats, gloves, vests, first aid kit
- Check work request form
- Contact liason person and secure tools
- Orientation - Logged
- Money orders - Logged
- Line out crew/Log tools used
- Call hall for phone messages
- Call location into S.O.
- Supervise first break
- Supervise lunch and clean up
- Supervise last break
- Prepare for clean up
- Supervise clean up
- Crew announcements/Location
- Release crew
- Log tools returned
- Secure keys, briefcase, cashbox/Log - both logs
- Clean food containers/Replace ice container
- Check phone messages
- Fill out S.I.R.; any other paper work

SPLIT CREW

- Check W/R emergency phone numbers
- First aid box
- Hard hats, gloves
- Food/igloo

BUS CHECKOUT LIST

NEEDS
ATTEN-
TION

Place block behind front wheel:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Check under hood - oil, water, belts, cables, hoses |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Check all tires and lug nuts |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Check that gas cap is on securely |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Check all glass, mirrors, reflectors, and wiper blades for cracks and cleanliness |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Check panel - heaters, defrosters, fans, gauges |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Test horns and windshield wipers |

After starting the bus, placing gear in neutral and releasing emergency brake:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Check directional signals, brake lights, head lights and all other inside and outside lights |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Place gear in reverse and turn off engine - put on hazzard lights and check those |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Open emergency exit and back door - check for buzzers |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Check securement of all seats and seatbelts |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Check emergency reflectors, fire extinguisher, first aid kit |

BRAKE SAFETY CHECK

With engine running, pump the brake once, then:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Check air compressor cut in (before 85 psi) and cut out pressures |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Let the air build back up to maximum capacity (120 - 130 psi) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Check static pressure for air loss after turning engine off (legal air loss is 2 psi in one minute) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Test the applied brake pressure loss by placing foot on brake for one minute (initial loss = 5 to 12 lbs/ no more than 3 psi thereafter) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Pump the brakes down to test emergency low air warning system |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Place bus in gear and try to move it with service brake set |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Place bus in gear and try to move it with emergency brake set |

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

W A I V E R

Inmate: _____

I hereby relieve the County of Nevada and the Personnel of the Nevada County Work Release Program of all responsibility and any liability due to my actions or actions that might occur to me on my way home. I am being sent home due to _____

This form has been explained to me and I willingly sign with full knowledge of its meaning.

Signature of Inmate: _____ Dated: _____
Signature of Witness: _____ Dated: _____

NEVADA COUNTY PROBATION DEPARTMENT
WORK RELEASE PROGRAM

Special Incident Report

This form is to be completed in triplicate immediately following any special or unusual incident on the Work Release Program. Attach an additional sheet if necessary.

Date: _____ Time: _____ Place: _____

Staff Member: _____ Re: _____

Description of Incident:

Action Taken:

Recommendations:

Distribution:

CPO _____

SPO _____

S.I. Folder _____

Matter entered in log _____

Nevada County Probation Department

Work Release Program

Request For Program Services

Agency: _____

Address: _____ Phone: _____

Staff Liaison assigned: _____

Work Site Location: _____

Work to be Completed: _____

Approximate Time Needed to Complete Work: _____

Tools & Safety Equipment Required: _____

Tools that will be Provided by Agency: _____

The following will be available at the Work Site:

___ Telephone ___ Electricity ___ Restrooms

___ Drinking Water ___ Fire Extinguisher ___ First-Aid

___ Other _____

Signature Agency Liaison: _____ Date _____

Signature Work Release Officer _____ Date _____

NEVADA COUNTY PROBATION DEPARTMENT

WORK RELEASE PROGRAM

AGREEMENT

_____ (contractor) hereby agrees to participate in the Work Release Program and further acknowledges:

1. The County of Nevada, the Sheriff of the County of Nevada, the Probation Officer of the County of Nevada, and all agents and employees of the County shall be defended and held harmless by Contractor for any damages suffered by Contractor as a result of any act performed by any inmate while participating in the Work Release Program.

2. It is further recognized that the County, its agents and employees do not guarantee the quality of the work performed nor the completion of the work performed under the Work Release Program.

3. It is further recognized that those inmates who shall be performing work for Contractor are not employees or agents of the County of Nevada.

Signature of Contractor: _____ Date: _____

Witnessed by: _____ Date: _____

Nevada County Probation Department

Work Release Program

Work Site Evaluation Report

Agency: _____

Work Site Location: _____

Work Crew Supervisors: _____

Work Completed: _____

Evaluation of Work Completed: _____

Overall Evaluation of Work Completed:

Outstanding___ More than Acceptable___ Acceptable___

Less than Acceptable___ Unacceptable___

Signature Agency Liaison: _____ Date: _____

Signature Work Release Officer: _____ Date: _____

