

Skamania County Sheriff's Office

Phone (509) 427-9490 Fax (509) 427-4369



Notice to all Work Crew Applicants

This work crew application will be available at the Skamania County Sheriff's office main lobby at any time and will also be available online at skamaniasheriff.com under the Corrections section. This application must be turned in at the civil counter or emailed to Sgt Vermeire at phillipv@co.skamania.wa.us

Make sure all applicable sections within this application are signed and dated indicating you have read or have had read to you, and you understand each section of the application.

All applicants must come to the Sheriff's Office to turn in the application and be interviewed for acceptance into the work crew program, or just for the interview if the application was emailed. This can be done Mon-Fri 7am to 5pm at the Sheriff's Office main lobby.

DOC OFFENDERS

If you are being sanctioned by DOC to do Work Crew for a violation you will be required to pay the \$10.00 insurance fee and \$10.00 for each day you have been sanctioned to complete. Failure to complete could result in further sanctions by DOC.

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WORK CREW APPLICATION ADDENDUM A

Skamania County Work Crew Program is a privilege by Skamania County Sheriff's Office, Skamania County Superior Court system and Skamania County Prosecuting Attorney's office as an alternatives to incarceration.

It is understood that in lieu of incarceration I will be willing to perform work crew tasks as assigned by the work crew supervisor. I also understand that since this is directed by courts in lieu of incarceration that I am obligated to complete the sentence in a manner agreed upon by the Courts, the Prosecuting Attorney, and the Skamania County Sheriff's Office.

I further understand that if I fail to show up as assigned, or leave work crew prior to completion of my sentence without prior approval by the work crew administrator, Chief Waymire or his designee, I will be violation of the terms and conditions I have agreed to perform work crew, which may result in a violation of my Judgment and Sentence being filed and/or with the felony of Escape in the First Degree, R.C.W. 9A.76.110.

I further understand that if a violation occurs, I could be detained in the Skamania County Jail pending an appearance in Court on the next judicial day.

I understand and agree to the above being made part of my agreement with Skamania County Sheriff's Office for participation in the Work Crew Program.

_____ Date: _____
Inmates Signature

Witness

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NON-CUSTODY WORK CREW APPLICATION

Name _____ DOB _____ SEX _____

Address _____ Phone _____

Race _____ Ht _____ Wt _____ Build _____ Hair _____ Eyes _____

Social Security # _____ DL# _____ St _____

Presenting Offense _____ Sentence _____

Cause/Court # _____ Judge _____

Prior Assault Conviction ___yes___no. If yes, Explain _____

Prior Fail to Appear/Comply ___yes___no. If yes, Explain _____

Prior Work Crew Participant ___yes___no.

Pending charges, City, County, State, Federal ___yes___no. If yes, Explain _____

Prior Sex Offense Conviction ___yes___no.

Do you have a valid drivers license at this time? ___yes___no

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Health:

Are you in good physical and mental health ___yes___no. If no, Explain: _____

Do you have any Physical Limitations? ___yes___no. If yes, Explain: _____

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Are you, or have you, suffered from any of the Below?

Diabetes	Arthritis	Tuberculosis
Heart Disease	Hay Fever	Asthma
Nervous disorder	Stomach disorder	High Blood Pressure
Epilepsy	Stomach Ulcer	Hernia
Kidney Disease	Bleeding disease	Mental Health Problems
Insect Allergies	Back Problems	Allergies/Reactions
Shortness of breath	Fainting/Dizziness	Hearing/Eyesight problems

Tetanus shot in last 5 years _____yes_____no.

If any of the above is yes, Explain:

Drug or Alcohol Problem _____yes_____no. If yes, Explain _____

Are you presently under a doctors care? _____yes_____no. If yes, explain:

Are you currently taking Medication of any kind? _____yes_____no. If yes, explain:

Marital Status _____single_____married_____divorced_____other
Current protection/restraining orders _____yes_____no. If yes, explain: _____

Emergency contact:

Name _____

Address _____

Phone 1 _____ 2 _____

The above information is correct to the best of my knowledge:

Applicant signature : _____

Date: _____

Witness: _____

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ARREST/CONVICTION DISCLAIMER

Applicant:

Please circle the following crimes that you have **EVER** been arrested for, charged with, or attempted to commit:

Sex Offenses (any)

Drug charges (any)

Theft (any kind)

Assault (any)

Animal Cruelty

Murder/Manslaughter/Vehicular Homicide

Burglary first degree

Robbery first or second degree

Arson first or second degree

Reckless Burning first degree

Escape first, second, or third degree

Vehicular Assault

Kidnapping first degree

Rendering Criminal Assistance first degree

Intimidating/Tampering with Witness/Juror/Public Servant

Applicant approval is up to the discretion of the Chief Administrative Deputy or his designee.

I hereby certify that the above information is true and correct:

Applicant

Date

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NON-CUSTODY WORK CREW RULES

I, _____ as a participant in the Skamania County Sheriff's Office Non-Custody Work Crew Program, agree to the following rules and regulations, and those in Attachment A. I understand that failure to obey these rules will result in my being removed immediately from the Non-custody Work Crew Program, and will result in further court action. I agree to waive my rights to any hearings regarding my removal from the Skamania County Non-Custody Work Crew Program.

Work Crew consists of physical labor performed in all weather and varied terrain situations. A successful member is one who safely applies themselves to each assigned tasks, strictly adheres to the rules and uses common sense. Everyone is considered an individual adult and will be held accountable for any and all actions taken which violate the following:

After reading (or having read to me) each item, initial in the margin indicating you understand the statement.

ADMINISTRATIVE RULES:

1. I agree to work 10 hours a day for _____ days starting on _____. I understand that I will meet the Crew at the Skamania County District 2 complex on the South end of the main buildings near the fenced enclosure on the South side of Rock Creek Drive at 0730 A.M. each working day, (Monday thru Sunday) until I have completed all my hours/days. If unable to work, I will personally notify the Chief Administrative Deputy, or his designee at the Skamania County Sheriff's Office or by phone (509) 427-9490 no later than 0700 A.M.. Notification must be made on all scheduled work days, no exceptions. Periodically Sheriff's Office Personnel will check inmates residences for verification when absent.

2. **Written verification is required.** Excused absences are mainly limited to appropriate medical or court related matters. Any absence or late arrival can be cause for termination.

3. Sign in on proper crew sheet and the proper line for official attendance is required. You are assigned to Crew #1, line #_____. Your work schedule will be _____.

4. No use of any drugs or alcohol during your attendance in this program will be tolerated during the duration of your court sentence.

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5. Methods of discipline may include verbal warning, written warning, incident report, or immediate termination.

6. Any injury sustained while working on the Skamania County Non-Custody work crew program shall be reported to the work crew supervisor immediately.

7. If the court has sentenced you to work crew for payment of fines and you decide to pay the balance of the fine in lieu of finishing the remainder of your sentence on the work crew, you must notify the work crew supervisor, or his designee, and the court prior to payment.

8. You will be subject to legally accepted chemical and physiological tests for the determination of alcohol and/or drug consumption at your expense.

9. Neither Skamania county or any individual in anyway connected with the Non-Custody Work Crew Program are to be held liable for any injury you may suffer while at the work site, or while in route to or from such work site. A waiver of liability will be signed prior to acceptance.

10. You will be required to pay \$10.00 for insurance coverage before your starting date on the crew. If you can not pay \$10.00 for insurance coverage, you must work one (1) additional day to cover this cost. You also understand that you must pay the first \$50.00 of any medical claim.

I have read and understand the above Administrative Rules:

_____ Date: _____
Applicant

Witness

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GENERAL RULES:

1. Arguing or fighting with supervisors of work crew members is prohibited.
2. Physical contact between crew members, either violent or affectionate may be cause for termination of BOTH participants.
3. No weapons of any type are allowed.
4. Threats, intimidation, harassment, or harassing statements (sexual, racial, religious, ethnic, etc.) will not be tolerated.
5. Gang, club, or organizational activities (solicitation, recruitment, or indoctrination, etc.) are not permitted on the crew.
6. Behavior will reflect a positive image of a county employee: profanity, yelling, horseplay are not permitted on the crew.
7. Contact with the public is restricted. Do not engage people in conversations, enter any store, business or home, or interact with persons not officially connected with the work crew.
8. No smoking in county vehicles. All tobacco products must be given to the work crew supervisor to be kept in a secure location, smoking is allowed only at times and places designated by the work crew supervisor. Unapproved possession of tobacco products will be cause for termination from the program.
9. Seat belt use is mandatory.
10. Do not bring personal items such as radios, tape players, recorders, cameras, etc., on the crew or leave any personal items in the vehicles.

I have read and understand the above Prime Rules:

_____ Date: _____
Applicant

Witness

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WORK PERFORMANCE RULES:

- 1.** Be prepared. Providing food, sanitary items, work clothing (to include proper footwear) etc. is the sole responsibility of the crew member.
 - a. Shorts, cutoffs, bathing suits, halter-tops, baggy clothing and ragged apparel are not suitable.
 - b. Shirts must be worn at all times. Sleeveless shirts and tank tops are not allowed.
 - c. Female crew members must wear bras.
- 2.** Personal hygiene must be appropriate for the working conditions. soap and water will be available.
- 3.** Safety equipment (reflective vests, hardhats, eye protection, and hearing protection) must be worn.
- 4.** Remain in the assigned work area at all times, to include break periods.
- 5.** No smoking during work periods.
- 6.** Steady work performance, i.e., no sitting down, standing around, or leaning on tools. When assignments are completed, find productive work nearby, or contact the Work Crew Supervisor.
- 7.** Safe usage of tools is of utmost importance; always watch out for other workers when using tools. If you are not versed in the use of a particular tool ask the Work Crew Supervisor for instruction on how to use the tool and safety issues.
- 8.** Breaks are at the discretion of the Work Crew Supervisor, based on the priority of the project.
- 9.** Do not approach anything that appears to be hazardous or in any way dangerous.
- 10.** Replace work crew equipment and issued items to the appropriate area at the end of each day. Do not take any equipment or issued items home or you will be subject to charges of theft. Found items are county property, and must be turned in to the Work Crew Supervisor.

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11. Do not arrange to be visited while on work crew.

TERMINATION FOR CAUSE;

1. Positive UA results for illegal/alcohol use.
2. Serious violations, repeated minor violations, or willful damage to County property through maliciousness or neglect.
3. Failure to comply with attendance standards.

I have read and understand the above Work Performance Rules and Causes for Termination:

_____ Date: _____
Applicant

Witness

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NON-CUSTODY WORK CREW WAIVER:

I, _____ am a voluntary participant in the Skamania County Non-Custody Work Crew Program sentenced to work on this crew in lieu of incarceration to satisfy my court imposed obligations. In consideration for the privilege of working off these obligations instead of incarceration, I agree to hold harmless Skamania County, Skamania county Sheriff's Office, all it's Deputies, employees or otherwise, from any and all liability, loss or damage that may suffer because of claims, actions, damages or injuries of any kind whatsoever by or to any and all persons and property, including myself, including reasonable attorney fees, or judgements against them that results from, arise our of, or are in any way connected with the activities performed by me under the Skamania County Non-custody Work Crew Program.

Skamania County provides limited medical insurance coverage for injuries that I may suffer while performing assigned duties in a manner as directed by the Work Crew Supervisor. I understand I must be performing these activities with reasonable care and caution and that provided I am being inattentive, reckless, or malicious, I may void any and all insurance coverage. All accidents or injuries must be reported immediately to the Work Crew Supervisor.

I have read, or have had read to me, and understand the waiver of liability and damages and the above rules and regulations, including Addendum A, and understand that a violation of these rules, or any Law will result in my termination of the work crew program and may result in full time confinement in the Skamania County Jail, and additional prosecution.

SPECIAL CONDITIONS: _____

_____ Date _____

Applicant

Witness