

Work Camp Application

Date: _____ Inmate Cell Number: _____

Name: _____

Address: _____

Date of Birth: _____ Do you have a Social Security #? Yes No

Do you have a valid ID or DL? Yes No

Have you ever performed community service work before: Yes No

If Yes – What year(s)? _____ What site(s)? _____

Did you complete the program successfully? Yes No

If No, what was the reason you were taken off the program? _____

Are you on probation? Yes No

Agents Name: _____

Have you ever been convicted of a sex crime? Yes No

Are you currently taking any medication? Yes No

To help us determine the best location for you, please let us know your past/present work experience. Please check all that apply. Experience is not necessary.

Auto Detailer Carpentry Cook / Kitchen Experience Landscaper
 Mover Painter Warehouse Experience Janitorial

Other: _____

If approved for our program, you will be placed in our file and will be assigned as needed. Please do NOT write the Huber / EMP Officer for your status.

Supplying false information is a facility rule violation.

Inmate Signature

Date

Official use only:

Approved.

You meet the Work Crew Guidelines at this time.

You will be notified when a position becomes available.

Denied. _____

SHEBOYGAN COUNTY WORK CAMP RULES

NAME _____

CASE NUMBER _____

You have been offered the opportunity to participate in the Sheboygan County Work Camp Program. Participation in this program is a **privilege** which is not allowed to everyone, and is a privilege which can be lost. If you abide by the terms and conditions of this program, and if you properly perform the duties assigned to you, you will be credited for all of your work days against your County Jail sentence. If you break any law, fail to obey the rules, or if you refuse to properly perform your assigned duties, you may be removed from the program, lose your Huber privileges or lose credit for work already completed.

THE FOLLOWING RULES WILL GOVERN YOUR CONDUCT WHILE ASSIGNED TO THE WORK CREW:

- 1) You will perform in a prompt and efficient manner all lawful tasks, which shall be assigned to you.
- 2) You will appear on time for your assignment, remain until your work shift is complete and take only such breaks as are permitted by your supervisor. You are NOT allowed to leave the site during your lunch break. **Tardiness and absenteeism will not be tolerated.**
- 3) All work crew participants will wear appropriate clothing while working on the work crew. This will be at the discretion of the site supervisor. At no time shall clothing containing obscene or indecent matter be worn, nor shall clothing containing political material be permitted. No less than a short sleeve tee shirt, long pants, socks, and shoes will be worn. No sleeveless shirts, tank tops, or sandals are allowed. Boots and gym shoes are permitted. NO jewelry shall be worn except for the following: watch, wedding ring, engagement ring, and one set of lobe stud earrings shall be allowed.
- 4) If your assigned a Work Camp vest, it will be worn at all times while on work assignment and may not be covered or obscured in any way. You will not tamper with the identifying matter on the vest. You are responsible to return it to the Site Supervisor after completion of your assigned days.
- 5) **Under no circumstances shall you have in your possession, or ingest at any time while on work crew any controlled substance for which you do not have a prescription, any alcoholic beverage or any container, full or empty, of the type commonly used for the storage of intoxicating beverages.**
- 6) Participants on **the work crew shall NOT be permitted visits with anyone.** Contacts with the public while on work assignment shall be limited in duration and only as absolutely necessary. **TELEPHONE USE, TEXTING, OR COMPUTER USE IS STRICTLY PROHIBITED.** Any **emergency** messages shall be relayed through the supervisor at the work camp site.
- 7) Use of profanity, obscene or other foul language while on work crew will not be tolerated.
- 8) Insubordination, fighting or refusal to work as directed will not be tolerated.
- 9) Harassment of other persons based upon race, creed, age, national origin, sex or handicap will not be tolerated.
- 10) **You must report all injuries to your supervisor immediately and complete a Work Camp Injury Form.**
- 11) Inappropriate actions, such as intimate, sexual, or other personal contact with others, possession of pornographic materials, etc., will not be tolerated.
- 12) Eye protection/safety equipment will be worn at all times as necessary.
- 13) You are not to leave the work site without permission of the Detention Center and the Work Camp site supervisor.

14) At no time, shall any work crew participant, have in his/her possession any personal electronic devices, i.e. MP3 player, IPOD, video game, a pager, a cellular telephone, etc. without prior approval by the Detention Center or work site supervisor.

15) Physical recreational activities are prohibited during work crew hours, i.e. football, basketball, weightlifting, etc.

You have been selected for eligibility to participate in this program because it is thought that you can succeed in it and thereby avoid the necessity of serving all or a portion of your county jail sentence. If you fail to abide by the foregoing rules, or if you are again arrested for violation of the law or a municipal ordinance, you would expect to lose your eligibility to participate and be committed to the jail for the duration of your sentence.

I UNDERSTAND THIS DOCUMENT AND THE RULES OF THE WORK CAMP PROGRAM.

I WISH TO PARTICIPATE AND THEREFORE AGREE TO BE BOUND BY THESE RULES.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT.

Signature

Date

Sheboygan County Detention Center
2923 South 31st Street
Sheboygan, WI 53081
Ph# (920) 459-1301
Fax# (920)459-1307

Sheboygan County Work Camp

Authorization to Release Information

Name: _____ DOB: _____ SS#: _____ - _____ - _____

Statement of Consent

I, _____, authorize the release of the following information:

To allow a News agency to videotape, photograph or interview me while participating in the Sheboygan County Work Camp.

Additional:

Inmate Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Sheboygan County Work Camp

2923 South 31st Street
Sheboygan, WI 53081
Fax: (920)459-1307
Phone: (920)459-1306

Sheboygan County Sheriff's Department Work Camp Volunteer Waiver of Liability

The inmate desires to work as a volunteer in Sheboygan County Detention Center Work Camp Program and engage in the activities related to the program.

General Release

The inmate hereby freely, voluntarily, and without duress signs this release under the following terms:

Release and Waiver: inmate does hereby release and forever discharge and hold harmless Sheboygan County and the Sheboygan County Sheriff's Department and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the inmate's activities as a volunteer.

The inmate understands that this release discharges Sheboygan County and the Sheboygan County Sheriff's Department from any liability or claim that the inmate may have against the County and Sheriff's Department with respect to any bodily injury, personal injury, illness, death, property damage or any other claim that may result from inmates activities with the Work Camp Program, whether caused by negligence of Sheboygan County, Sheboygan County Sheriff's Department or it's officers, directors, employees, agents or otherwise.

Inmates (printed) name: _____

Inmates
Signature: _____ Date: _____

Officer: _____ Date: _____