



FULL TIME RULES & REGULATIONS
WORK RELEASE AND SUPERVISED ELECTRONIC CONFINEMENT PROGRAM
1627 S. HARGRAVE STREET, BANNING CA 92220 951-922-7330

THE SHERIFF RESERVES THE RIGHT TO PLACE YOU IN CUSTODY FOR NONCOMPLIANCE WITH ANY OF THE RULES & REGULATIONS OF THE PROGRAM.

1. I understand my work sentence is a privilege. It is my responsibility to comply with all of the rules, policies and procedures.
2. I understand any violation of the conditions set forth may result in disciplinary action. I further understand I may be remanded back to custody for no reason other than the Work Release staff feels I am no longer qualified to participate in the Work Release Program.
3. If you are on **FORMAL PROBATION** or **PAROLE**, you **MUST** notify your Probation or Parole Office that you are on this program within 48 hours upon release from County Jail. Failing to report to your Probation or Parole Officer will put you in violation of WRP.
4. I certify I have supplied the Work Release Staff with correct and truthful information regarding my application.
5. I am voluntarily participating in the Full Time Work Release Program. I agree to abide by its rules, guidelines, and procedures and satisfactorily complete the program. I also agree to comply with all directives and orders given to me by the Work Release Staff and/or Job Site Supervisor(s).
6. I understand I will be required to work between 8 – 10 hours each day. I will work these hours in good faith, or risk being transferred to another job site or being remanded into custody.
7. I understand if I fail to appear (FTA) at the job site, I may be arrested per Penal Code Section 4024.2(c). I further understand that in the event I FTA, I must notify the Work Release Staff as soon as possible by calling the phone number above.
8. I certify I am able to provide reliable transportation to the job site daily. I also certify I have received a map or instructions on how to get to my assigned job site and I understand them.
9. I understand I will notify the Work Release Staff if I change my residence, phone number or employment status.
10. I understand I will need to dress in clothing and shoes that are suitable for working out-of-doors in all kinds of weather. Proper attire is as follows:
 - Comfortable work shoes – no open toes
 - Casual shirt or blouse – no tank tops or halters
 - Work pants – full length jeans, denim, khaki, etc
 - No baggy clothes – clothes must fit to body
 - No obscenities or gang references
 - Baseball caps must be worn forward only
11. ***I understand I will not disrespect, harass, intimidate, or sexually harass my Job Site Supervisor(s), Job Site Staff or other Work Release Participants.*** I understand that any of the above behaviors will result in placement back into custody and possible additional criminal charges filed.
12. I understand I cannot bring any radios, cellular phones, pagers or any other electronic equipment to the job site.
13. I understand I must bring my lunch to the job site and I will not be allowed any visitors.
14. I understand I will not bring or be under the influence of alcohol, drugs or narcotics to the job site. If I am found to be under the influence or in possession of such items, I will be remanded into custody and may have additional criminal charges filed against me.
15. I understand I will not bring any weapons to the job site. This includes, but is not limited to knives, pocketknives, guns, batons, pepper spray, etc.
16. I understand I must follow any additional instructions or rules given to me by the Job Site Supervisor.
17. I understand if I have any questions about my work program, I must contact the Work Release Office. The Job Site Supervisor is not authorized to make decisions regarding my Work Release commitment and will not contact WRP on my behalf.
18. I understand if I am injured while working at the job site, I will notify the Job Site Supervisor and the Work Release Office immediately. I will be prepared to report any and all facts relating to my accident and/or injury. I have agreed to and signed the Work Release / Supervised Electronic Confinement Program Liability Waiver.

UPON SIGNING, I AGREE THAT I HAVE RECEIVED, READ AND UNDERSTAND ALL OF THE ABOVE LISTED RULES AND REGULATIONS OF THE FULL TIME WORK RELEASE AND SUPERVISED ELECTRONIC MONITORING PROGRAM.

Participant's Signature

Date

WRP / SECP Coordinator