



**OFFICE OF THE SHERIFF
BUNCOMBE COUNTY, NORTH CAROLINA**

20 Davidson Drive
Asheville, N.C. 28801

Van Duncan, Sheriff

1 of 6

WORK RELEASE APPLICATION

GENERAL INFORMATION

The following is a brief summary and general information on the Buncombe County Detention Facility Work Release Program.

- 1. THE COURTS MUST RECOMMEND WORK RELEASE IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.**
- 2. INDIVIDUALS SENTENCED TO SEVEN (7) DAYS OR LESS MUST PREPAY WORK RELEASE FEES (FOR ALL DAYS SCHEDULED TO WORK) TO THE BUNCOMBE COUNTY DETENTION FACILITY. RECEIPTS FOR PAID FEES MUST BE PRESENTED TO THE WORK RELEASE SUPERVISOR BEFORE BEING ALLOWED OUT TO WORK RELEASE.**

Your application for participation in the Work Release Program should be completed in full and turned in to the Buncombe County Detention Facility at least THREE (3) TO FIVE (5) business days before you report to the Facility to serve your sentence. COPIED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED. A copy of your work schedule on company letterhead for the time you will be in custody should be included when you return your application. If any changes occur during the posted work schedule, the Work Release coordinator must approve the change. **GENERALLY, IT TAKES THREE (3) TO FIVE (5) BUSINESS DAYS TO PROCESS THE APPLICATION.** There is no processing of Work Release applications over weekends or holidays. Check all information before submitting your application. The Buncombe County Detention Facility will not be responsible for collecting incomplete or missing information. Incomplete applications will not be processed.

If your application is approved, you may be restricted to working six (6) days a week, and a maximum of twelve (12) hours a day. No one will be allowed to work two (2) different jobs nor will you be allowed to work for a temporary service. All work sites **MUST** be in Buncombe County. **YOU WILL BE LIMITED TO ONE (1) WORK SITE LOCATION WITH FIXED BUSINESS TELEPHONE NUMBER, NO CELLULAR PHONE NUMBERS ACCEPTED.**

While participating in the program, you will pay \$20.00 FOR EACH DAY YOU WORK. These fees are due promptly each Friday and are to be paid to the Buncombe County Detention Facility Finance Office. Failure to pay your fees will result in the suspension from the program.

Sergeant Lambert
Work Release/Annex Supervisor

Service ♦ Accountability ♦ Integrity ♦ Professionalism ♦ Dignity

WORK RELEASE APPLICATION**GENERAL RULES**

INMATE'S NAME: _____ DOB: _____ SS# _____

STREET ADDRESS: _____ COUNTY: _____

HOME PHONE: _____ SEX: _____ RACE: _____

By applying for work release privileges, I understand that I **MUST** abide by the following:

1. Abide by all rules outlined in the Inmate Rules.
2. Return to the Buncombe County Detention Facility at appointed times. Repeated late arrivals will result in termination from the program.
3. Will not make any unauthorized departures from my place of employment, or make any unauthorized departures during transportation to and from work.
4. Will not participate in use of ANY intoxicant (Drugs or Alcohol). I understand that refusal to take a breathalyzer or drug test as required will result in immediate termination from the program.
5. Will not introduce or attempt to introduce contraband into the facility. Contraband is defined in the Inmate Rules and includes any drug, alcohol, or tobacco.
6. I understand that I may NOT operate any motor vehicle while in the program.
7. I understand that I must tender unto the Buncombe County Detention Facility Work Release fees in the amount of twenty dollars (\$20) each day I work. My account will be prepaid for the last seven days of my sentence. Payments must be made in the Detention Facility Finance Office. Payments will be made in CASH ONLY.
8. I may be restricted to six (6) days per week and a maximum of twelve (12) hours of work per day.
9. I understand that all work sites must be in Buncombe County.
10. I understand that a record of habitual felon or other extensive criminal history may result in the denial of my application.
11. Will provide the transportation to and from the job site. I will only be transported by the approved drivers and vehicles listed in this application. I understand that transportation by unauthorized drivers or vehicles will result in termination from the program. The Facility Administrator prior to use must approve any additional drivers or vehicles.
12. Any violation of laws, ordinances, or service of any "new" charges may result in termination from the program.

I further understand that violation of these or any lawful instruction from a Detention Officer may result in termination from the program, disciplinary action within the facility, and/or criminal charges.

I, _____, have received this copy of Work Release Program General Rules and understand them. I hereby agree to abide by all the aforementioned rules and requirements of the program.

Inmates Signature: _____ **Date:** _____

WORK RELEASE APPLICATION

DRIVER'S APPLICATION

INMATE'S NAME: _____

INMATE'S DOB: _____

ALL DRIVERS MUST MEET THE FOLLOWING CRITERIA:

1. You MUST have a valid North Carolina driver's license.
2. You MUST be properly insured.
3. You are ONLY to transport the inmate to or from the job site unless otherwise approved by the Work Release Coordinator.
4. No stops between the Detention Facility and job site are allowed.
5. You MUST transport the inmate in the below listed and approved vehicle ONLY.
6. VIOLATION OF ANY OF THE ABOVE OR ANY OTHER WORK RELEASE PROGRAM RULE WILL REVOKE YOUR PRIVILEGE TO TRANSPORT AND MAY TERMINATE THE INMATE FROM THE PROGRAM.

DRIVER INFORMATION

INSURANCE CARRIER WILL NEED CONSENT FROM INSURED PARTY TO RELEASE INFORMATION BEFORE APPLICATION IS SUBMITTED.

NAME OF DRIVER #1: _____ DOB: _____

ADDRESS: _____

PHONE: _____ SS#: _____

RELATIONSHIP TO INMATE: _____

NC LICENSE #: _____ VEHICLE TAG #: _____

MAKE OF VEHICLE: _____ COLOR OF VEHICLE: _____

INSURANCE CARRIER: _____ POLICY #: _____

AGENT: _____ AGENT PHONE # _____

DATE CONSENT GIVEN FOR RELEASE OF INFORMATION: _____

SIGNATURE: _____ DATE: _____

NAME OF DRIVER #2: _____ DOB: _____

ADDRESS: _____

PHONE: _____ SS#: _____

RELATIONSHIP TO INMATE: _____

NC LICENSE #: _____ VEHICLE TAG #: _____

MAKE OF VEHICLE: _____ COLOR OF VEHICLE: _____

INSURANCE CARRIER: _____ POLICY #: _____

AGENT: _____ AGENT PHONE # _____

DATE CONSENT GIVEN FOR RELEASE OF INFORMATION: _____

SIGNATURE: _____ DATE: _____

WORK RELEASE APPLICATION

EMPLOYMENT INFORMATION TO BE COMPLETED BY EMPLOYER

Employee Name: _____
Employee Address: _____
Employee DOB: _____ SS# _____
Name of Business: _____ Type of Business: _____
Address of Business: _____
Name of Supervisor: _____ Telephone #: _____
Work Site Address: _____
Work Site Supervisor: _____ Work Site Telephone #: _____
How long employed: _____ Type of work: _____ Wages: _____ Per _____
Days to work: _____
Hours to work: _____

IF THE SCHEDULE CHANGES, YOU WILL NEED TO PROVIDE IT IN WRITING ON COMPANY LETTERHEAD AT LEAST THREE (3) DAYS IN ADVANCE.

EMPLOYMENT INSURANCE INFORMATION

INSURANCE CARRIER WILL NEED CONSENT FROM INSURED PARTY TO RELEASE INFORMATION BEFORE APPLICATION IS SUBMITTED.

Company Insurance Carrier: _____
Policy #: _____
Name of Agent: _____ Phone #: _____
DATE CONSENT GIVEN FOR RELEASE OF INFORMATION: _____

Worker's Compensation Carrier: _____
Policy #: _____
Name of Agent: _____ Phone #: _____
DATE CONSENT GIVEN FOR RELEASE OF INFORMATION: _____

WORK RELEASE APPLICATION

EMPLOYER WORK AGREEMENT

I, _____, as the employer for _____, agree to notify by phone and in writing any absences from work, any tardiness by the employee, any change in work schedule, and disciplinary problems with the employee or the termination of the employee during his/her participation in the Buncombe County Work Release Program. I agree to contact Sergeant Lambert, the Work Release Supervisor, at 250-4604 for any of the above violations or regarding questions or concerns about the participation in the program and any change in the job site. I understand that failure to notify the Detention Facility could result in a violation of the law. Failure to notify may also result in the business being removed from future Work Release considerations.

Employer Signature: _____

Date: _____

CONSENT TO ENTER JOB SITE

I hereby authorize representatives of the Buncombe County Sheriff's Office to freely access the job site premises for the purpose of verification of attendance or removal of: _____ (Inmate's Name) for any violation of the Work Release Rules.

Employer or Supervisor Signature: _____

Date: _____

WORK RELEASE APPLICATION

RELEASE OF LIABILITY

NORTH CAROLINA
BUNCOMBE COUNTY

KNOW ALL MEN BY THESE PRESENTS THAT in consideration of being permitted to participate in the Buncombe County Detention Facility Work Release Program, I, _____ (Inmate's Name), of Buncombe County, do hereby and forever discharge the County of Buncombe, the Buncombe County Sheriff's Office and all agents and employees of Buncombe County, North Carolina, from any and every right claim or demand which I, or anyone claiming by me or through me, have or may hereinafter have against any of the parties above mentioned which in any way, directly or indirectly, may arise from my participation in the Work Release Program. This Release includes, but is not limited to, my preparation for employment, travel to and from employment, any matters arising in the course and scope of employment, and all other matters that may arise in any manner from my participation in the Work Release Program.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____ day of _____, _____.

Inmate's Signature

NORTH CAROLINA
BUNCOMBE COUNTY

I, _____, a Notary Public of Buncombe County, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing Release.

Witness my hand and seal this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____