



**OFFICE OF THE SHERIFF**  
**BUNCOMBE COUNTY DETENTION FACILITY**  
20 DAVIDSON DRIVE, ASHEVILLE, NC 28801 – (828) 250-4557

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**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 Elaine Hutchins  
Work Release/Annex Supervisor



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**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:** \_\_\_\_\_



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**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: \_\_\_\_\_



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**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:** \_\_\_\_\_



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**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: \_\_\_\_\_



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**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: \_\_\_\_\_