



Alternative Work Program (AWP)

Jail Alternatives Unit

194 E. Hackett Rd.
Modesto, CA 95358

(209) 491-8771

Office hours: Monday-Friday
8 am- 4:00 pm

This program involves community improvement projects and is labor oriented. You must be able to perform manual labor without medical restrictions. Workdays are eight (8) to ten (10) hours. Although it may be possible for you to keep your regular job, we are not obligated to schedule around your work hours. The program is limited to persons who are sentenced to 90 days or less. All applicants must complete an application and supply all necessary documents including proper identification.

There is no alcohol or drugs (including Cannabis) allowed while on the program. You are given one day's credit for every workday you complete.

Jobsites are available throughout the county and are available 7 days a week.

The Alternative Work Program is not transferable to other counties.

Copies needed to complete your application:

- Court Minute Order
- Terms of Probation
- Valid Driver's License (ID card or passport)
- Police Report (Upon Deputy's request)
- Doctor's note providing medical clearance (If you answer yes, any medical questions)
- Current work schedule (If you are employed)
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In-Custody Applicants

In-custody applicants only need to provide a completed application.

STANISLAUS COUNTY SHERIFF'S OFFICE
JAIL ALTERNATIVES UNIT
 ALTERNATIVE WORK PROGRAM APPLICATION



Jeff Dirkse
 Sheriff Coroner

PERSONAL INFORMATION

Full Name		Date of Birth	
Telephone #	Email Address	Driver's License #	
Physical Home Address		City	ZIP
Booking/ Stanco #	Sex	Race	Height
			Weight
			Hair
			Eyes
Social Security #	Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been on AWP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____

EMERGENCY CONTACT INFORMATION

Full Name	Relationship
Home Address	Phone #

EMPLOYMENT INFORMATION

Employer	Supervisor's Name
Address	Phone #

MEDICAL INFORMATION

Are you seeing a doctor? Yes No Are you taking any medication? Yes No

If yes, list each of the medications: _____

Have you ever had any of the following:

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had any recent surgeries? Yes No If yes, how long ago _____

Females only- Are you pregnant? Yes No If yes, how far along _____

Have you been on Workman's Compensation or S.S.I. in the last 12 months? Yes No

Applicant signature: _____ **Date:** _____



AWP Inmate Agreement, Rules and Regulations

Warning: Any violation of the Alternative Work Program Rules and Regulations, or any violation of city, county, state or federal laws while on this program may cause to fail you from the program and return to custody. Should this occur, you may be prohibited from participating in any release program offered by the Stanislaus County Sheriff's Office for a minimum of six (6) months from the date you return to jail.

1. I must report on the date and time agreed to in my Promise to Appear contract. Failure to report to the assigned job site at the time specified, insubordinate behavior toward the site supervisor, or failure to perform my assigned work will result in failure of the Alternative Work Program and I may be returned to custody.
2. As a participant, I am aware that I am subject to search and seizure of my person, personal effects, and vehicle(s) registered to me or that I am in at the time, by Jail Alternative staff or any peace officer, at any time, without the requirement of probable cause or search warrant. If found in possession of contraband, I may be failed from the program and I may be returned to custody. **Contraband includes alcohol, cannabis, narcotics, weapons, and more than a twelve hour dosage of prescription or non-prescription drugs.**
3. I understand I may not possess or consume any alcohol, cannabis, or "street drug", or possess or use any drug unless prescribed by a physician, and that any violation of this will result in my removal from the program.
4. I agree to submit to any alcohol or drug detection at the request of Jail Alternatives staff or by any duly authorized peace officer of the State of California. Reporting for work under the influence of alcohol or drugs may result in my failure of the program and my return to custody.
5. Transportation to the job site is my responsibility. I must report to my work site **Rain or Shine** in appropriate clothing. **NO** sweatpants, shorts, tank tops of any kind, or open toed shoes (sandals). Clothing should be suitable for outdoor work. I must provide my own rain gear.
6. In the event I become injured, because of work performed, I will immediately contact the job site supervisor and complete all necessary documentation. I will seek and follow up on all treatments as directed.
7. I will bring my own lunch. I will not be allowed to leave the work site to purchase or eat my lunch. I may not have anyone bring me lunch. I must eat my lunch in the designated break area.
8. I agree to wear the authorized "Sheriff's AWP" identification vest while participating at the job site.
9. I will not be permitted to have visitors or make any personal phone calls. All cell phones and mobile devices must be turned "**OFF**" and out of sight. I am not to communicate with anyone at the work site other than supervisor(s) or other participants working with me at the site.
10. I understand that all questions regarding my work schedule must be directed to the Jail Alternatives Office. No one at the job site can help me. No one at the job site can reschedule or adjust my work schedule and any changes to my work schedule must be made in person at the Jail Alternatives Office. **I may not reschedule over the phone.** I must come into the office to reschedule. I must call the Jail Alternatives staff if I am not able to reschedule prior to the absence so it may be done on the day of the absence. I must reschedule within one business day of my absence.
11. It is my responsibility to contact my Deputy **Immediately** if I change my address or phone number (including disconnections). I will always keep this information current. I further understand that all matters pertaining to me while on this program will be communicated by me only, not from relatives, friends, or anyone else.
12. I understand that if I have been released from a custodial facility to participate in this program, that I must **IMMEDIATELY REPORT TO PROBATION** as ordered by the Stanislaus County Superior Court. I further understand that I must continue any counseling or rehabilitation programs and follow all orders of the Stanislaus County Superior Court, Probation, or Jail Alternatives.
13. I understand that missing any part of a workday is the same as missing the entire day.
14. All missed days are "unexcused" unless I provide a valid written excuse from a Doctor, the Court, Probation, or other Government agency listing Every Date I missed. One day may be excused to attend the funeral of an immediate family member.
15. If I miss a weekend day, my make-up day will be a weekday at the site. If I miss a scheduled day of work, I will not be allowed to work again until I have cleared the absence with Jail Alternatives staff.

I understand that participation in the Alternative Work Program is a **privilege, not a right**. At any time, without cause, I can be removed from the program and returned to custody to complete my sentence. This program is operated solely for the benefit of the custodial facilities.

I hereby agree to comply with all municipal, county, state, and federal laws, ordinances, program rules and regulations, and orders. I further understand and agree that failure to do so will result in my removal from the program, being returned to an in-custody facility, disciplinary action, and possible criminal prosecution.

I have read the above Rules and Regulations and understand that any violations will cause for failure from this program and return to custody.

Signature: _____ Date: _____

WAIVER OF LIABILITY

I _____, acknowledge that the Stanislaus County Sheriff's Department is allowing me the privilege to participate in its Alternative Work Program, rather than serving my sentence in custody. As part of the consideration for being admitted to this program I agree to all terms and conditions set forth in this agreement.

Understanding that participation in this program could involve potential risks, I hereby forever release, hold harmless, discharge, and agree to defend and indemnify the Sheriff's Office, the County of Stanislaus, any work site where I may be assigned to work, and all others who may be liable, from any and all liabilities, claims, demands, or causes of action that I may hereafter have for personal, bodily, death, mental injuries, property damages, economic losses, attorney's fees, or any other type of injury or damage arising out of my participation in the program. This includes all activities, including, but not limited to, losses caused by passive, or active negligence, or any other type of negligence of the released parties, or hidden, latent, or obvious defects in the premises or equipment used.

I agree to, at no cost to the Sheriff's Office, the County of Stanislaus and the work site, defend the Sheriff's Office, the County of Stanislaus and work site from any claims regarding injuries of damages and injuries or damages to third parties as specified above.

I agree that I am financially responsible for all medical expenses I may have while participating in the program.

WORK AGREEMENT

I _____, also agree not to work more than four (4) hours at any activity, such as another job, volunteer services, etc., on any day, which I am participating as a worker on the Alternative Work Program. I agree to this, for safety reasons, to keep myself from becoming fatigued which may result in injury and/or damages to other or myself.

I have no medical condition or disabilities that will prevent me from participating in the Alternative Work Program. I can stand on my feet, work eight (8) to ten (10) hours per day, and I am able to lift or carry at least twenty-five (25) pounds.

I understand that failure to abide by the Alternative Work Program's rules will result in my failure from the program and may result in being placed in custody.

I have discussed the Alternative Work Program and this Agreement with an Alternative Work Program representative. I enter into this Agreement knowingly, willfully, and voluntarily, and agree to the terms of this Agreement in consideration for the opportunity to work off 1 day (24-hour periods) of my sentence by working for a period of 8-10 hours under the program.

I have read the Waiver of Liability and the Work Agreement. I understand the details of this agreement.

Signature: _____ **Date:** _____

Promise to Appear Contract

I _____, promise to appear for work as scheduled by the Jail Alternatives Unit. The Sheriff's Department may immediately take you back into custody to serve the balance of your sentence if you fail to appear as scheduled, fail to perform work as assigned, or for any other reason are no longer a fit for the program. Any person who willfully violates their written promise to appear at the time and place specified is guilty of a misdemeanor per Penal Code 4024(C) PC.