ALTERNATIVE WORK/WORK RELEASE PROGRAM

INSTRUCTIONS TO PARTICIPANTS

As a condition of your jail sentence, probation, or release you are referred to participate in the Colusa County Alternative Work/Work Release Program. You are required to work for _______ days/hours, beginning ________, and may be assigned to work on any day as directed by Colusa County Probation. Your failure to properly perform in the Program may constitute a failure from the Program.

Your work schedule will be: ____________________________

Read and initial next to each

____ 1. Any new law violation, arrest, or conviction while enrolled in the Work Release Program will result in the immediate failure from the program.

____ 2. You will not be eligible if you previously failed a Colusa County Work Release Program.

____ 3. Alternative Work Program must work at least three(3) days a month. Work Release must work at least two(2) days a week.

____ 4. Roll Call,

   Monday - Thursday 8:00 A.M.
   Friday - Sunday 8:15 A.M.

   Monday - Thursday: Report to the CalTrans Maintenance Station located at 1401 Will S. Green Rd, Colusa, CA. You are required to bring your lunch and a cup for water.

   Friday: Report to the Gazebo on the corner of 6th and Jay Streets. You will be released for lunch. You must return to the specified meeting place by the time the Work Crew Supervisor(WCS) states. You are responsible to ensure you are on time.

   Saturday and Sunday, Report to the back door of the Probation Department at the Courthouse Annex parking lot. Work Release will line up to the right of the door and Alternative Work Program will line up to the left. You will be released for lunch. You must return to the specified meeting place by the time the Work Crew Supervisor(WCS) states. You are responsible to ensure you are on time.

____ 5. No visitors while working. This includes family, friends and the general public. Direct all questions and/or comments to the WCS.

____ 6. If you appear to be under the influence of alcohol/drugs, an officer will be summoned to administer the appropriate test(s) and/or actions.
7. You may not possess any weapons (including all knives) while working in the program. If you are found to possess any weapon during the work day, you will be immediately failed from the program.

8. If you are unable to work on your scheduled day, you must contact the WCS at (530) 458-5871 (leave message) by 5:00 p.m. the day prior or your absence will be considered unexcused and you will be failed from the WR program or given an unexcused absence for AWP. You must bring dated documentation for your absence on your following workday.

THE FOLLOWING ARE ACCEPTABLE EXCUSED ABSENCES:

- Death of a family member. Authorized documentation includes: copy of death certificate, obituary, or funeral receipt.
- Medical/Dental reason a doctor or dentist would require you to recuperate.
- Immediate family member admitted to hospital with serious injury. The WCS will need the family member’s name, hospital and phone number for verification.

9. Use of restrooms are limited to breaks and lunch.

10. The use of tobacco (smoking or smokeless) and cellular telephones will only be allowed on authorized breaks.

11. If it is raining on your scheduled day of work, you must report as directed. Be prepared to work in any weather condition. It is up to the discretion of the WCS to determine if you will be required to work that day.

12. You may bring water or sports drinks (such as gatorade). Any other drinks will only be allowed during lunch.

13. Wear clothing appropriate for moderate - heavy labor. Expect your clothes to get dirty. No open toed shoes, such as flip-flops or sandals will be allowed. No sleeve-less shirts are allowed.

14. Abide by all rules and orders set forth by the Work Crew Supervisor. Failure to do so will result in your failure from WR or day failure from AWP.

I understand I may be failed from the Alternative Work/Work Release Program if I do not follow these rules, and that such failure constitutes a violation of probation. I fully understand the terms and conditions of the program. I agree to comply with all Program regulations and rules.

______________________________  ______________________
Signature                              Date

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