**WRP / VWRP Terms And Conditions Form:**

Offender Full Printed Name: Offender #:

**I understand that my placement in the Work Release Program (WRP) / Vocational Work Release Program (VWRP) is a privilege, which may be revoked by the Department of Corrections (DOC). I understand that any violation of the terms and conditions or conduct or activity that reflects a disregard for the rights of others shall be sufficient to cause my suspension or termination from participation in the program.**

**I understand and agree to the following conditions during my participation in the WRP / VWRP:**

1. I **will** obey all state, federal, and local laws, ordinances, orders, and court orders. **(Initial) \_\_\_\_\_\_\_\_**

2. I **will** obtain prior approval from program staff before changing my employment. **(Initial) ­­­\_\_\_\_\_\_\_**

3. I understand that the work release program restrictions will be enforced by the use of electronic technology. To ensure compliance, I understand I **will** be required to wear an ankle bracelet 24 hours a day for the entire length of my participation in the work release program. **(Initial) \_\_\_\_\_\_\_**

4. I **will not** tamper with, disconnect, move or remove any of the monitoring equipment. **(Initial) \_\_\_\_\_\_\_\_**

5. I **will** abide by all schedules and restrictions placed on me while participating in the work release program. I agree to remain at my approved employment location at all times and return directly to the correctional institution at the end of my work day. **(Initial) \_\_\_\_\_\_\_**

6. I understand that unauthorized deviation from my approved schedule could result in termination from the program. In the event of an emergency (i.e. medical emergency, fire, etc.) I **will** contact program staff and / or my employer as soon as possible, following the emergency situation. I understand I **will** be required to provide full documentation of the emergency situation. **(Initial) \_\_\_\_\_\_\_**

7. I agree to pay the current cost of electronic monitoring. I understand payments will be made to the Department of Corrections in installments one (1) week in advance. If removed from the program for a violation, I agree to forfeit all funds paid in advance. All payments are to be made via an OTA every Wednesday no later than the beginning of my work shift. Personal checks **will not** be accepted.

 **(Initial) \_\_\_\_\_\_\_**

8. I understand that I **will** be held responsible for damages (other than normal wear and tear) to the equipment. I further understand that if the equipment is not returned in good condition, I **will** be charged for replacement or repair and hereby agree to pay for it. I also understand that I am responsible for the security and care of all electronic monitoring equipment. **This means I will lock it up when I am not in my assigned room**. **(Initial) \_\_\_\_\_\_\_**

9. I **will** report any problems with the electronic monitoring equipment immediately to program staff.

**(Initial) \_\_\_\_\_\_\_**

10. I agree that the Department of Corrections and the vendor providing the electronic monitoring equipment are not liable for any damages and / or injuries as a result of wearing or tampering with the monitoring device. **(Initial) \_\_\_\_\_\_\_**

11. I **will not** drive a motor vehicle of any kind (includes forklifts, cars, trucks, 4-wheelers, snow machines, motorcycles and boats or skiffs) without permission of WRP / VWRP staff. **(Initial) \_\_\_\_\_\_\_**

12. I agree to have no non-employment related contact with a convicted felon without the permission of WRP / VWRP staff. **(Initial) \_\_\_\_\_\_\_**

13. I **will not** consume or possess alcoholic beverages of any kind, nor enter any establishment where alcoholic beverages are sold, stored, or dispensed as the primary business of the establishment. **(Initial) \_\_\_\_\_\_\_**

14. I **will not** consume or possess any controlled substance, legal or illegal, nor possess any drug paraphernalia, nor be in the presence of persons consuming or possessing the same. **(Initial) \_\_\_\_\_\_\_**

15. I **will** submit to breath and urine tests for analysis for alcohol, drugs, or metabolites of drugs upon request of the WRP / VWRP staff. I understand refusal to submit to a breath or urine test upon request is a violation of the program. Any positive test for alcohol or drugs will result in termination from the Work Release Program and will also result in me being charged for the UA and for the re-testing. A negative UA sample must be provided prior to placement on the WRP / VWRP. **(Initial) \_\_\_\_\_\_\_**

16. I **will**, upon request by DOC staff, submit to a search of my person, personal property, under which I have control for the presence of contraband. **(Initial) \_\_\_\_\_\_\_**

17. I **will not** possess any firearms, ammunition, explosives, or deadly weapons on my person or within my approved employment location. Any items that could be used as deadly weapons, related to my employment, must be approved by WRP / VWRP staff. **(Initial) \_\_\_\_\_\_\_**

18. I **will** immediately report all law enforcement contacts to program staff. **(Initial) \_\_\_\_\_\_\_**

19. I **will not** enter into any agreement or other arrangement with any law enforcement agency, which will place me in the position of violating any law or condition of the WRP / VWRP. I understand that the Department of Corrections policy prohibits me from working as an informant. **(Initial) \_\_\_\_\_\_\_**

20. I understand any false information given to program staff or law enforcement officers will result in immediate termination from the program. **(Initial) \_\_\_\_\_\_\_**

21. I understand that giving or offering any program staff a bribe or anything of value for a service or favor will result in immediate termination from the program. **(Initial) \_\_\_\_\_\_\_**

22. I HEREBY WAIVE ANY RIGHT TO AN EXTRADITION HEARING IF I LEAVE THE State of Alaska while on the WRP / VWRP. **(Initial) \_\_\_\_\_\_\_**

23. At the discretion of program staff an inspection of the proposed employment location will be completed prior to participation to ensure there are no weapons, alcohol, drugs, or drug paraphernalia. In addition the employment location must not pose any officer safety concerns. **(Initial) \_\_\_\_\_\_\_**

24. I understand that I **will not** enter any private residence or privately owned vehicle for ANY reason. **(Initial) \_\_\_\_\_\_\_\_**

25. I understand that I **will** be expected to follow all rules and regulations of my employer and any misconduct outside of those regulations may warrant immediate termination from the WRP / VWRP. Any misconduct may also subject me to the institutional disciplinary process which could result in a loss of good time. This means NO HORSEPLAY, NO INTIMATE CONTACT, NO EXTRACIRRUCULAR activities. **(Initial) ­­­\_\_\_\_\_\_\_\_**

26. I agree to have no contact with any family, friends or acquaintances during my time away from the correctional institution without the permission of program staff. This means NO VISITORS at any time. **(Initial) \_\_\_\_\_\_\_**

27. I understand that if I disconnect, remove or tamper with the electronic monitoring equipment during my time away from the correctional institution, I will be considered in ESCAPE status. Law enforcement will be contacted and an arrest warrant will be issued under AS 11.56.340-350. I also understand that I may be subject to criminal prosecution as well as termination from the work release program and disciplinary action. **(Initial) \_\_\_\_\_\_\_\_**

28. I understand that I **will not** introduce any items in to the institution which could be considered as contraband. This includes, but is not limited to: controlled substances; alcohol; tobacco; weapons; etc. I also understand that I am subject to search upon exit and re-entry into the correctional institution and at any other time during my work shift. Any introduction of contraband will result in immediate termination from the program and possible new criminal charges and / or disciplinary actions. **(Initial) \_\_\_\_\_\_\_\_**

29. I understand that I **will** be required to produce identification documents such as a Social Security card, valid driver’s license, state identification, and / or a Bureau of Indian Affairs card. If these documents are not readily available, I may not be eligible for work placement. **(Initial)\_\_\_\_\_\_\_**

30. I hereby WAIVE ANY RIGHT to a furlough termination hearing and / or appeal process associated with the WRP / VWRP. **(Initial) \_\_\_\_\_\_\_**

31. I understand that I **will at no time** access a computer, any smart device or the internet. I further understand that I am NOT PERMITTED to utilize a cellular phone or any communication device outside of the correctional institution. I understand that any possessing, using or introducing weapons or escape implements in to the institution, including cellular or wireless communication devices will result in a Major (B-8) infraction. **(Initial) \_\_\_\_\_\_**

32. I understand that I may be required to pay towards restitution or fines ordered by the sentencing court, pay a civil judgment arising out of criminal conduct, or support my dependents and provide child support payments as required by AS 25.27. These payments will be divided in accordance with DOC Policy 304.01, Prisoner Wage Disbursal. Child support payments are priority #1 and will garner up to 40% of my wages. **(Initial)\_\_\_\_\_\_\_**

**Acknowledgement And Signature:**

**I , hereby acknowledge that I have read or had read to me the terms and conditions of the Work Release Program / Vocational Work Release Program. I further certify that I understand the contents and agree to the terms and conditions of the Work Release Program / Vocational Work Release Program:**

Offender Signature: Date:

Offender Printed Name:

**Distribution:**

Original: WRP / VWRP File. Copy: Offender. Copy: Offender’s Institutional File.