



CROW WING COUNTY JAIL INSIDE SENTENCE TO SERVICE CONTRACT

Name: _____ DOB: _____
First, Middle, Last

You have been referred to the Sentence To Service (STS) Program by a sentencing court. You have volunteered to participate in the STS Program in lieu of other court ordered sanctions. This multi-page packet will describe the program and what is expected of you. If you do not complete your specified time, or do not follow the rules and policies of the STS Program or the Jail, the sentencing court will be notified and alternative actions may be considered.

By signing this agreement you acknowledge that you have read, understand, and agree to comply with the conditions set forth in the documents listed below. You also declare that the information you have provided is true, accurate, and complete.

Participant Signature: _____ Date: _____

Programs Staff Signature: _____ Date: _____

Forms/Acknowledgements to be completed prior to starting work:

- Signature Page
- Medical Information & Fitness Declaration For
- STS Labor Contract
- Jail & Fine Contract
- Consent for Release of Information
- STS Supplemental Agreements

OFFENDER MEDICAL INFORMATION SHEET

Name: _____ DOB: _____ SSN# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Work: _____

Emergency Contact : _____ Telephone #: _____

To assist with job or task assignment, check the following if you have had, or are now experiencing:

<input type="checkbox"/> Breathing/lung problems	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Allergic to Bee Stings	<input type="checkbox"/> Seizures
<input type="checkbox"/> Poison Ivy Allergy	<input type="checkbox"/> Cancer
<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Fainting or Blackouts	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Now Pregnant
<input type="checkbox"/> Head injury	<input type="checkbox"/> Sensitive to heat/cold temps (frostbite/heatstroke)
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hepatitis A, B, C, or HIV Positive
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Other Disabilities/Impairment

I do not have a medical restriction that limits the type of service or labor that I can perform. Yes No

* If yes, please explain: _____

Physician: _____ Clinic: _____

Clinic Phone: _____ Are you presently receiving Medical Assistance? _____

Do you have Health Insurance? _____ If yes, name of Insurance Company _____

I understand that if I am injured while performing work service, I must notify Programs/Jail/Kitchen Staff immediately. I also understand that my medical insurance must pay for any medical costs. If I do not have any medical insurance, or I have costs that are not covered by my insurance, I must contact Programs Staff within 30 days of the date of injury to file a claim, otherwise I will assume full responsibility for my medical costs.

I declare under penalties of perjury that I have examined this document and that it is true, correct, and complete to the best of my knowledge and belief.

Participant Signature: _____ Date: _____

DECLARATION OF FITNESS

I, _____, hereby inform the Sentence to Service authorities that:
(Full Name)

Yes No I have a disability or medical problem which would prevent me from participating in the Crow Wing County Sentence to Service Work Program.

Yes No I am currently under a physician's order regarding work ability.

Participant Signature: _____ Date: _____

* IF THE ANSWER TO ANY OF THE ABOVE IS YES, YOU MUST HAVE YOUR PHYSICIAN COMPLETE THE STATEMENT BELOW VERIFYING YOUR PRESENT FITNESS TO PARTICIPATE IN THE SENTENCE TO SERVICE WORK PLACEMENT PROGRAM AND LIMITATION(S) OF WORK ASSIGNMENTS, IF ANY.

Physician Statement: (Typewritten please)

Physician Signature: _____ **Date:** _____

Phone Number:

LABOR CONTRACT

You have been chosen to participate in the Sentence to Service Program. The work may be very challenging and physical, but you will not be asked to do anything beyond your capabilities. If you are unable to perform some of the tasks assigned or need other special considerations, it will be your responsibility to inform Programs/Jail/Kitchen Staff. Your cooperation is extremely important and you will be expected to perform as an employee would within the framework and rules of the STS Program. This packet is provided to you for your information and outlines your responsibilities. **Remember: STS is a privilege!**

WORK REQUIREMENTS

SAFETY

Safety will always be the priority consideration. Any and all injuries, no matter how minor, must be reported to Programs/Jail/Kitchen Staff immediately. You will receive instructions on how to use tools properly and the appropriate safety equipment. It will be your responsibility to check the equipment you are using to ensure that it is in good working condition. Any needed repairs are to be reported immediately.

1. Safety equipment will always be used when using tools requiring it.
2. Power tools are operated only with permission from Programs/Jail/Kitchen Staff.
3. Any behavior deemed to be unsafe to others will not be tolerated and will result in severe disciplinary action.
4. Accident Reporting – Injuries Requiring Medical Attention:

It is absolutely necessary that all injuries be reported to the Programs/Jail/Kitchen Staff immediately so proper medical attention can be provided.

The Programs/Jail/Medical Staff are trained to provide first aid for minor injuries. If you are injured while performing STS duties and require more medical attention, medical services will be made available to you.

Failure to report any injury may result in your medical claims being denied. An inmate that has a medical card or health insurance shall provide the information at the time of medical services. You are responsible for any medical bills you incur while serving on the STS program, until it can be established that your claim is legitimate and you have no other resources for payment of claims.

After emergency medical treatment has been obtained, Programs/Jail/Medical Staff will ask you to sign a medical claim and release form which will allow the claims officer to review your medical bills for payment. Failure to sign the necessary forms may result in the denial of payment of your claim and the certification of your STS hours completed, as well as possible termination from the STS Program.

DAILY SCHEDULE

Report to the designated work area on time. Your work time begins when you report to your designated area and ends when the Programs/Jail/Kitchen Staff releases you from your duties. If you expect to be late or absent, you must notify jail staff immediately.

Appropriate footwear and clothing will be issued.

HARASSMENT

The Sentence to Service Program will not tolerate harassment of any kind. Examples of harassment may include the following:

GENERAL HARASSMENT

1. Exclusion from orientation or teamwork.
2. Disrespecting, belittling, demeaning, insulting, or remarks or profane language.
3. Repeatedly making the person or a characteristic unique to that person, the object of jokes.
4. Ridicule of a person for any reason.
5. Sabotage of a person's character, reputation, work efforts, or property.
6. Unequal assignments of the "dirty work" or repeated assignments to less challenging duties not based on ability.
7. Unequal application of performance standards, discipline or work rules.

RACIAL AND ETHNIC HARASSMENT

1. Any behavior listed above which is applied to one's race, color, heritage, or national origin.
2. Telling jokes or making derogatory remarks about one's race or national origin.
3. Use of language implying inferiority of a race or national heritage.
4. Criticism of one's civil rights activities.

SEXUAL HARASSMENT

1. Any of the previously listed forms of treatment, which the person states is causing discomfort because of one's sex
2. Unwanted sexual compliments, looks or suggestions, about one's clothing, body, or sexual activity
3. Unwanted touching, brushing against another's body, patting, or pinching
4. Demanding sexual favors accompanied by implied or overt threats concerning conditions of employment
5. Displaying pictures or objects in work areas that depict nude or inadequately clothed men or women

RELIGIOUS AND PERSONAL HARASSMENT

Any behavior listed above, or use of demeaning or derogatory names, which is applied to, or about one's religion, disability, age, or Veteran status.

If you have any questions or concerns regarding harassment, you must follow these procedures and a complete report must be filed per instructions within 10 calendar days of the incident:

- Inmate to Inmate – Report immediately to Programs/Jail/Kitchen Staff.
- Jail Staff/Volunteer/Contractor to Inmate – Report immediately to any staff member in writing, on the kiosk or contact Sexual Assault Services.

DISCIPLINE

Your placement in the STS Program **is a privilege**. Programs/Jail/Kitchen Staff may administer necessary disciplinary action.

Actions may include:

- A verbal reprimand
- Written reprimand forwarded to Programs Staff and/or probation officer
- Possible suspension and/or termination from the STS Program.

Hours of work credit will only be given for productive time while on the program. Programs Staff will determine how many hours of work credit are given to you for each day. Please refer any questions regarding work credit or outdates to jail program staff.

The following are behaviors that will not be tolerated and will result in disciplinary action:

1. Unexcused absences or tardiness.
2. Leaving the work area early without permission or taking extended or unauthorized breaks.
3. Violation of safety rules or practices including misuse or abuse of tools/equipment.
4. Excessive profanity.
5. Horseplay or roughhousing.
6. Intimidation or threats (verbal aggression) toward others.
7. Insubordination – failure to follow instructions, disobedience, disrespect.
8. Serious acts of aggression or physical violence of any kind.
9. Destruction of property due to misuse, negligence, or malicious intent.
10. Poor work attitude and/or performance.
11. Use or possession of alcohol and/or drugs on the work site or during work hours.
12. Gambling or wagering of any type.
13. Possession of fireworks, firearms, or any other weapons, including pocketknives of any type.
14. Taking/removing any items from the work area.
15. Any telephone usage or checking messages while at the work site or during work hours.

NOTE: Actions not specified or outlined above will be dealt with at the discretion of the Programs/Jail/Kitchen Staff.

TOOLS AND EQUIPMENT

When issued tools and safety gear for projects you will be working on, it will be your responsibility to inspect the tools and equipment for satisfactory operation. Notify Programs/Jail/Kitchen Staff immediately if your equipment is damaged or not serviceable. You will be trained in the proper use of the equipment. It is your responsibility to use all equipment properly and maintain it as instructed by Programs/Jail/Kitchen Staff. At the end of each day, you are responsible for cleaning, servicing, and returning your equipment to the Programs/Jail/Kitchen Staff. Report any problems you may have had to Programs/Jail/Kitchen Staff. Make sure the Programs/Jail/Kitchen Staff checks off your equipment as you return it.

MISCELLANEOUS

You are required to wear your jail wristband at all times. If you break or damage it while on STS, you are required to return it to the jail. Your TEAM account will be charged \$5.00 for its replacement.

During the workday, you will be allowed a 15-minute break in the morning and afternoon. Break times will be determined by Programs/Jail/Kitchen Staff.

The majority of inmates who have participated in the STS Program have found it to be a very positive experience. The program is designed to simulate “real world” job experience. You are cautioned to read and be sure you understand what will be required of you. Once you start the STS Program, Programs/Jail/Kitchen Staff will make decisions involving your participation.

PARTICIPANT STATEMENT OF UNDERSTANDING

I hereby certify, to the Crow Wing County Sheriff’s Office, the District Court, and the Minnesota Department of Corrections, that I have read and understand, or have been read and understand the Sentence to Service Labor Contract and the Conditions of Participation in the STS Program.

I agree to abide by the conditions that are set forth. I understand that failure to successfully complete the STS Program may result in loss of credit for hours worked.

Participant Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____

JAIL AND FINE CONTRACT

TERMS AND CONDITIONS

1. I understand that I will submit to a urinalysis, PBT, or intoxilyzer test if requested. I understand that I must advise Programs/Medical staff if I am using a prescription or over-the-counter medication.
2. I agree to cooperate with, and to follow the instructions and directions of Programs/Jail/Kitchen Staff. I agree to work as scheduled with flexibility and will notify Programs/Jail/Kitchen Staff immediately in the event of an emergency that would prevent me from working as scheduled.
3. Pursuant to Minnesota Statute 3.739, I agree to hold harmless the Crow Wing County Jail, Sentencing Court, State and County employees and/or agents, from any claims, by me, arising from or out of my participation in the Sentence to Service Program.
4. I understand that in addition to abiding to the terms and rules of the Sentence to Service Program, I must abide by all the terms and conditions of the Sentencing Order of the Crow Wing County District Court and the rules of the Crow Wing County Jail.
5. All jail fees must be paid (\$0.00 lien balance) before receiving jail credit.
6. All base fines and Pay for Stay must be worked off or paid in full prior to being given jail credit. I understand that I will work off all base fines at a rate of \$10.00 per hour and Pay for Stay at a rate of \$50.00 per day based on a full day.

Participant Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____

SENTENCE TO SERVICE SUPPLEMENTAL AGREEMENT

Now that you have read and thoroughly understand the Sentence to Service Program contract, you are expected to abide by the rules and regulations of this program as well as the Crow Wing County Jail.

You are expected to provide an initial urine specimen at your expense of \$40.00. This fee is due immediately upon testing. If your test results are positive, you will not be allowed to participate in the Sentence to Service program until your results are negative. Retesting will be done at the discretion of the Programs Staff and at your expense. A copy of any positive test may be forwarded to the probation office. Additional random urinalysis testing may or may not be repeated at the discretion of the Crow Wing County Jail and may also be subject to fees. If any future urinalysis results indicate the presence of a controlled substance or alcohol, you will be immediately terminated from the Sentence to Service Program.

You are not allowed to possess tobacco products including lighters and matches while on the STS program. If you are caught with any tobacco products while on the STS crew or as an inmate worker you may lose all time earned and/or be terminated from the Crow Wing County STS or Inmate Worker program completely.

All violations will be dealt with on a case-by-case basis. The Crow Wing County Jail has the discretion to terminate your Sentence to Service Program at any time deemed necessary.

The Crow Wing County Jail requires that you be in good health to be eligible for in-house STS. If due to a medical condition you require a bottom bunk or need anything additional such as, but not limited to an extra mattress or pillow, you will not be approved for STS.

You will be responsible for the entire cost of your medical, dental, and prescription medication while participating in either STS program or any charges incurred prior to starting STS. Any issues concerning payment of these fees must be directed to Jail Administration for review. Failure to pay these fees may result in suspension of your STS and loss of any accrued fines and/or time. These fees may be turned over to collections if not settled.

Your signature below acknowledges that you have read and fully understand the procedures involving urinalysis testing and agree to submit to testing upon request.

Participant Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____