

COMMUNITY, COUNSELING & CORRECTIONAL SERVICES, INC.
Gallatin County Re-Entry Program
SPONSOR FORM

Date: _____

Name of Resident: _____

Name of Sponsor Applicant: _____

Community passes are one of the most important privileges that residents of CCCS, Inc. can earn during the course of their residency within the pre-release center. These passes are used as a tool for the individual resident to re-establish or maintain their supportive relationships with either family or friends. In order for program staff to be able to provide appropriate levels of accountability of center residents while they are in the community, an approved sponsor is necessary to oversee and verify scheduled pass activities.

Each resident will be allowed:

- Unlimited Family Sponsors
 - 1 Male Sponsor
 - 1 Female Sponsor
 - 1 12-Step Sponsor (male)
- Work Sponsors

As a condition of a resident being granted the privilege and opportunity of taking community passes, the approved community sponsor must agree to the following:

1. I hereby agree to verify and account for the resident's whereabouts and activities while on an approved community pass. I agree to remain with the resident throughout the entire duration of the pass.
2. I understand that program staff will be conducting ongoing security checks during the course of any community pass. These checks are inclusive of, but not limited to:
 - a. Phone Checks
 - b. On-site visits
 - c. Requiring that the resident physically report back to the pre-release center midway through his community pass.
3. I agree to be open and honest with CCCS, Inc. staff and will *immediately* inform center staff if the resident violates any of the conditions of his pass.

By signing this sponsor agreement form, I understand the above and will accept the responsibilities of sponsorship as defined above.

Sponsor Signature

Date

**Gallatin County Re-Entry Program
VISITOR-SPONSOR APPLICATION**

Resident Name _____ Date _____

Applicant Name (full & complete) _____

Relationship to Resident _____ Sex Male Female

Current Address _____
Street City State Zip

Phone Number _____ Cell Phone _____

DOB _____ Age _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Please answer the following questions:

Are you on probation or parole? Yes No

If yes, Please provide the name of your supervising officer and the city in which you are under supervision _____

Have you ever been arrested? Yes No

If yes, please state the year of your most recent arrest and the offense(s) you were charged with _____

The following questions are for non-family members only:

How long have you known the resident you wish to sponsor? _____

Where, when & how did you meet him? _____

As a condition of your sponsorship/visitation, it may be required that an interview be conducted by a staff member of CCCS, Inc. prior to the approval of your status as a community sponsor/visitor.

**Gallatin County Re-Entry
In-House Visiting Rules & Regulations**

Dress Code: This code applies equally to men, women, and all children aged 7 and above. All visitors must be dressed in a manner that will not distract, disrupt, disturb and/or be offensive to other visitors, residents, or staff on Gallatin County Re-Entry Program property. The ultimate decisions in this matter will be made by front receiving security staff. If the visitor has a question about the decision, it will be referred to the shift leader or to the Chief of Security. If, in their estimation, the clothing is not appropriate, the visitor will be asked to leave. The visitor will not be allowed a wrap to cover the problem in question. He or she must leave the facility upon staff request. The articles of clothing listed below **are prohibited** while on Re-Entry program property.

Spandex	Yoga Pants	Short-Shorts	Transparent Clothing
Tank Tops	Low Cut Tops	Short Skirts	Hats, Caps, Scarves
Alcohol/Drug Related Items	Cell Phones	Purses	Backpacks
Cameras	Bags/Totes	Diaper Bags	
Computers	Tobacco		

Individuals without the proper undergarments (bra, slip, and/or underwear) will not be allowed in the facility. Any article of clothing (except coats) worn into the facility may not be taken off when visiting. Visitors who have young children are allowed to bring in up to 3 diapers, a small container of wipes and 2 bottles.

BASIC RULES, REGULATIONS, AND EXPECTATIONS

Disability Accommodation: If you have a health problem, injury, or physical or mental disability and need assistance or accommodation in entering any of our facilities, please contact: Program Administrator, Melissa Kelly at (406) 994-000 x 1114 or email her at mkelly@cccscorp.com.

Visiting hours are from 1:00-3:45 PM on Saturdays and Sundays. You must call (406) 994-0300 (24 hours in advance) to schedule a visit. You must be an approved sponsor or direct family. Direct family is defined as spouse, parents and grandparents, and children under age 18. Girlfriends and fiancées are not considered direct family and thus, must be approved sponsors.

If children are visiting and are under the age of 18, they must be accompanied by an approved sponsor.	All visitors must sign in at the front office with staff before entering the facility.
Approved visitation areas are the Treatment room and the Dining room.	The visiting room doors are to remain open at all times.
No outside food or drink is to be brought into the facility at any time.	Visitors are not permitted to smoke on GCRP property.
Any inappropriate conduct during visitation will result in disciplinary action for the resident and loss of visitation privileges for the visitor. A brief embrace is allowed when your visitor arrives and departs.	All items brought into the facility as well as visitors are subject to search at any time while in the facility.

PLEASE NOTE: All items brought into the center are subject to search

Listed below are the requirements and regulations of this program as it applies to potential visitors and/or sponsors for residents of CCCS, Inc.

All potential visitor/sponsor must be able to produce a valid, picture identification or the **application will not be processed or will not be processed.**

All sponsors/visitors **must be at least 18 years of age.** While on a community pass, program residents are strictly forbidden from using, purchasing or possessing alcohol or illegal drugs. Program residents are also prohibited from being in the company of approved sponsors/visitors who choose to ingest alcohol and/or drugs while accompanying program residents during community passes.

Residents are strictly forbidden from entering any establishment where alcohol or gaming is the chief items for sale. Program residents **are not allowed** to participate in any type of gambling during the entirety of their placement within the community- based program to which they are assigned.

When program residents return from a community pass, they must submit a urine sample to Re-Entry Program staff for appropriate screening for the presences of alcohol and/or drugs.

Program residents must remain in the company of their approved community sponsor **at all times** while on an approved community pass. Program residents are strictly forbidden from operating any motor vehicle while on a community pass. Program residents are restricted to the boundaries of Gallatin County while on community pass.

Approved sponsors must come into the community-based facility in order to pick-up the resident being signed out of the facility for community pass purposes. Approved sponsors must also physically escort the resident back into the Re-entry facility at the conclusion of the pass.

Sponsors/visitors are required to maintain adequate supervision over any juveniles that may be in their company. The GCRP **will not be held liable** for lost or stolen goods of a sponsor/visitor. Prior to a resident of CCCS, Inc. being allowed to go to a pass location in Gallatin County, a member of the CCCS staff must conduct an on-site visit of said location for approval.

Residents are to follow center rules and schedule. If any conflict or situation should arise, the resident must speak with a Shift Leader to approve a location and/or schedule change.

Any approved sponsor/visitor who arrives at the Gallatin County Re-Entry Program to pick-up a resident for pass and are suspected to be under the influence of any intoxicating agent will be immediately asked to leave the premises and will be terminated as a sponsor/visitor

Sponsor assumes responsibility for providing staff with updated information pertaining to changes in their driver's license, insurance, registration or vehicle information. Sponsors must provide information for each and every vehicle they will be operating while transporting residents. If at any time any of the above information is not supplied, the resident will be denied going on community pass until such information is supplied to staff.

I understand and agree to abide by all the conditions and terms outlined above:

Sponsor Signature

Date

VOLUNTEER/SPONSOR RESPONSIBILITY WAIVER

Will you be Driving Resident(s) NAME: _____

	No
	Yes

No
Yes

If yes, please check the applicable box

Work
Church
Community Pass
Other: _____

I, _____, hereby release Community, Counseling & Correctional Services, Inc. from any responsibility due to any accident that occurs to myself while I am transporting any resident currently housed in any of the community-based correctional programs operated by CCCS, Inc. I further understand that insurance for my own personal vehicle is my responsibility while I am transporting any resident of the Gallatin County Re-Entry Program. I also understand that in the event of an accident while I am transporting a program resident of CCCS, Inc., it will be my insurance company's responsibility to absorb any and all liability for damages that may be incurred as the result of such an accident.

I also agree that for no reason will I allow or authorize any resident currently housed within any of the community-based programs currently operated by CCCS, Inc. to operate (drive) my personal vehicle(s). I also agree that no resident of these same programs will be allowed the use of my personal vehicle.

I also agree to furnish the staff of CCCS, Inc. with a valid Montana State Driver's License, proof of insurance and current vehicle registration before I transport any program resident in my personal vehicle.

Sponsor Signature

Date

VEHICLE INFORMATION

Name		DOB	
Make		Model	
Color		Year	
License Plate #		Expiration Date	
Drivers License #		Expiration Date	
Vehicle Insurance		Expiration Date	

Attach a valid copy of the following: Driver's License, Vehicle Registration, and Vehicle Insurance.