

Community, Counseling & Correctional Services, Inc.

VISITOR-SPONSOR APPLICATION

Resident Name _____ Date _____

Applicant Name (full & complete) _____

Relationship to Resident _____ Sex Male Female

Current Address
Street _____ City _____ State _____ Zip _____

Telephone _____ Date of Birth ____/____/____ Age ____ SS# _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Please answer the following questions

Are you currently under formal supervision (probation/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:

Have you ever been employed by CCCS, Inc? If yes, at what facility and during what time period? _____

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

Where, when & how did you meet him/her? _____

As a condition of your sponsorship/visitation, it is 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. It is further required that a N.C.I.C. (National Crime Information Center) Records Checks be completed. Sponsorship and/or visitation will not be allowed until such time as this background check is completed. Exceptions are allowed in the case of parents, grandparents or pre-approval from either the state or federal penal system.

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

- 1) At the time of the interview and/or receipt of an application by mail, the potential visitor/sponsor must be able to produce a valid, picture identification or the application will not be processed.
- 2) Potential sponsors/visitors must be cleared by a National Crime Information Center Records Check. This is inclusive of everyone except the parents and grandparents of the resident.
- 3) All sponsors/visitors must be at least 18 years of age. However, if they are still enrolled in high school, they must submit a notarized letter from a parent/guardian indication approval of sponsorship.
- 4) 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.
- 5) Residents are strictly forbidden from entering any establishment where alcohol is the chief item for sale. They are allowed in casino-type restaurants as long as the residents remain in the restaurant portion of the facility.
- 6) 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.
- 7) When a program resident returns from a community pass, they must submit a urine sample to transition staff for appropriate screening for the presences of alcohol and/or drugs.
- 8) Program residents must remain in the company of their approved community sponsor at all times while on an approved community pass.
- 9) Program residents are strictly forbidden from operating any motor vehicle while on a community pass.
- 10) Program residents are restricted to the boundaries of Butte Silver Bow County while on community pass.
- 11) 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 transition center at the conclusion of the pass.
- 12) Sponsors/visitors are required to maintain adequate supervision over any juveniles that may be in their company.
- 13) The Transition Center will not be held liable for lost or stolen goods of a sponsor/visitor.
- 14) All visitors are required to telephone CCCS, Inc. staff at least 24 hours in advance in order to inform center staff of their pending visit. Visiting hours for program residents are from 1:00 p.m. until 4:00 p.m. on Saturdays, Sundays, and Holidays. This requirement is for visitation purposes only.
- 15) I agree to abide by all the conditions and terms outlined above.
- 16) Prior to a resident of CCCS, Inc. being allowed to go to a pass location in Butte, a member of the CCCS staff must conduct an on-site visit of said location for approval.

Any approved sponsor/visitor who arrives at the Butte Pre-Release Center Men's Program or the Women's Transitional Center 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.

Applicant Signature

Date

Staff Signature

Date

COMMUNITY, COUNSELING & CORRECTIONAL SERVICES, INC.

SPONSOR FORM

Name of Resident Being Sponsored: _____

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.

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/her 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/her pass.

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

Sponsor Signature

Date

Staff Witness

Date

COMMUNITY, COUNSELING & CORRECTIONAL SERVICES, INC.

VOLUNTEER RESPONSIBILITY WAIVER

Volunteer Driving Resident(s) to: (check applicable box)

- spot job
- work
- church
- community service
- 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 either the Butte Pre-Release Center Men's Program or the Women's Transitional Center. 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.

Signature

Date

Staff Witness

Date

VEHICLE INFORMATION

Make _____ Model _____ Color _____ Year _____

License Plate Number & Expiration Date _____

Driver's License Number & Expiration Date _____

Current Insurance Company & Expiration Date _____

Community, Counseling & Correctional Services, Inc.

AUTHORIZATION TO CONDUCT AN N.C.I.C. RECORDS CHECK
(National Crime Information Center)

I hereby authorize the identification Bureau of the Department of Justice, State of Montana, to run an N.C.I.C. records check on my background and also authorize the release of the results of said records check to the staff of Community, Counseling & Correctional Services, Inc.

I further wish to freely waive my right to any federal or state statutes protecting privileged information and authorize disclosure of said information to CCCS, Inc.

I also understand that it is the policy of Community, Counseling & Correctional Services, Inc. to run background checks on all prospective visitors/sponsors for any of the residents within those community-based correctional facilities operated by CCCS, Inc. I also understand that the records check must be completed before any consideration will be given to my request to act in the capacity as an approved community visitor/sponsor.

Dated this _____ day of _____, 20 _____

Applicant's complete & full legal name (printed) _____

Applicant's complete & full signature _____

Applicant's Social Security Number _____ - _____ - _____

Applicant's Date of Birth _____

Name of Resident _____

CCCS, Inc. Staff Signature & Title _____