

I wish to be considered for approval as a Sponsor for:

Full Name of Inmate (PRINT) \_\_\_\_\_

Who resides at Community Correctional Center of  Lincoln  
 Omaha

**Applicant Information**

Full Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Telephone Number \_\_\_\_\_

Relationship to Inmate \_\_\_\_\_ Are you an approved visitor?  Yes  
 No

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE and I understand that providing false information could result in the denial of any community release and/or sponsor privileges. I understand proper identification is required.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

NDCS PROGRAM USE ONLY	
ORIENTATION DATE _____	
COMMUNITY FURLOUGH <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>Reason:</i>
FAMILY FURLOUGH <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>Reason:</i>
COMMENTS	
_____ <small>SPONSOR COORDINATOR SIGNATURE</small>	_____ <small>DATE</small>

I, \_\_\_\_\_, acknowledge receipt of the "Sponsor Orientation Training Packet," which was provided by the Community Corrections Center. The packet contains the following material:

- 1) Sponsor Orientation Training Booklet
- 2) Community Corrections Waiver and Release Form

I have read or have had reviewed for me the above information, and I hereby agree to abide by the rules and regulations of the Department of Correctional Services and the Community Corrections Center where I perform sponsor services.

I understand that failure to abide by the rules, regulations, policies, and/or procedures may result in my suspension, restriction, or termination as a sponsor. I also understand that the reason for my suspension, restriction, or termination may not be disclosed at the discretion of the Warden or designee.

I agree I will not perform professional services which, by law, require professional credentials or licensing for which I am not certified or licensed.

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPONSOR COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE

The undersigned has asked the State of Nebraska (State) and the Department of Correctional Services (Department) for permission to voluntarily perform sponsor services for the Department at the Community Corrections Center. The undersigned acknowledges that working in contact with incarcerated individuals is an inherently dangerous activity, and the Department makes no representations regarding the safety or anticipated conduct of any incarcerated individual with whom the undersigned may come into contact. The undersigned assumes the risk of such contact and of the negligent actions of such incarcerated individuals.

In consideration of this request being granted, the undersigned hereby waives and releases any and all rights or causes of action the undersigned has, or might have in the future against the State, the Department or any of the Department's employees for personal injury, property damage, or other injury caused by the intentional or negligent act or omission of an incarcerated individual. The undersigned further acknowledges and agrees that the State Tort Claims Act provides the undersigned's sole remedy in the event the undersigned suffers personal injury, property damage or loss, or other injury due to the negligent act of any employee of the Department.

As the undersigned is acting as a volunteer for the purpose of providing transportation for an incarcerated individual, the undersigned understands it is their obligation to transport the individual incarcerated at the Community Corrections facility directly to and from the destination and the facility, and that the undersigned will call the facility immediately in case of any emergency, such as an accident, medical emergency, or escape. The undersigned further understands the incarcerated individual is not allowed to consume alcohol or drugs in any amount.

This waiver and release shall be binding upon the heirs, devisees, legatees, personal representatives, successors, or assignees of the undersigned.

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SPONSOR FULL LEGAL NAME (PLEASE PRINT)

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SPONSOR SIGNATURE

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DATE

To maintain a safe and secure environment, the NDCS may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the NDCS. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually.

**All information on this document is required (if not applicable, please indicate "N/A").** If you omit any information from this form you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

List position title and facility: \_\_\_\_\_

- Contractor     NDCS Employment     Volunteer     Clergy Visitor     Intern     Temp/SOS     PREA  
 Other \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME (Last Name, First Name, Middle Initial)      / /      Date of Birth Month/Day/Year      - -      Social Security Number

\_\_\_\_\_  
All Other Names Used (e.g. aliases, former names, etc.)

\_\_\_\_\_  
Driver's License Number / State      State ID number      / /      Expiration Date  
If no driver's license, please enter your state ID.

\_\_\_\_\_  
Place of Birth (City, State or Country)    Legal Gender    Race    Height '    "    Weight    lbs.    Eyes    Hair

List all previous states or countries of residence: \_\_\_\_\_

Current Residential Address:

\_\_\_\_\_  
Street Address      Apt. #      City      State      Zip

Please provide **ALL** current phone numbers and **ALL** business and **ALL** personal e-mail addresses (current and previous):

Phone 1: ( ) \_\_\_\_\_      Email 1: \_\_\_\_\_  
Phone 2: ( ) \_\_\_\_\_      Email 2: \_\_\_\_\_  
Phone 3: ( ) \_\_\_\_\_      Email 3: \_\_\_\_\_

1. Do you have any relatives, friends, or personal relationships (e.g. former spouse, shared residence, employee, etc.) with anyone who is currently or has ever been:
- incarcerated with the Nebraska Department of Correctional Services and/or
  - on parole in the State of Nebraska

Yes  No

If yes, provide the name, facility, and relationship to you:

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2. Have you ever been in contact with any current or former inmates while they were incarcerated at the Nebraska Department of Correctional Services or another state or federal prison by way of:
- phone
  - facility visit
  - email and/or
  - sending or receiving money

Yes  No

If yes, provide inmate name, facility and relationship to you:

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3. Are you or have you ever been affiliated with a gang/security threat group(s)?

Yes  No

If yes, provide group name and your affiliation:

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4. Do you have tattoos which would be visible while in uniform or applicable work attire?  Yes  No

If yes, Nebraska Department of Correctional Services' Intelligence Division staff will assess all tattoos to ensure the material is not offensive or gang/security threat group related and does not create safety concerns. Tattoos construed as offensive may result in a withdrawn job offer or release from employment. You may request a review prior to accepting a job offer.

5. Do you have any relatives or personal relationships with anyone who is or has been employed with the Nebraska Department of Correctional Services?

Yes  No

If yes, provide name, facility, and relationship to you:

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6. Have you ever worked for or are you currently working for another State of Nebraska Agency?

Yes  No

If yes, what Agency:

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7. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution as defined in 42 U.S.C. 1997?

Yes  No

If yes, please provide an explanation:

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8. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes  No

If yes, please provide an explanation:

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9. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 7 or 8?

Yes  No

If yes, please provide an explanation:

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10. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution?

Yes  No

If yes, please provide an explanation:

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11. Have you ever had any substantiated allegations of sexual harassment made against you in the community?

Yes  No

If yes, please provide an explanation:

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**I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the NDCS may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the NDCS. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME

**OFFICE USE ONLY**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CRIMINAL HISTORY**

**INTEL SECURITY CHECK**

HR Site Contact: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_  
 NCIC Processed By: \_\_\_\_\_  
 DMV Processed By: \_\_\_\_\_  
 NCJIS Processed By: \_\_\_\_\_  
 NCIC/NCJIS Reviewed By: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_

APPROVED   
 DENIED

HR Site Contact Notified: \_\_\_\_\_  
 HRIS Entry: \_\_\_\_\_

To be checked at facility/program:  
 Check **only** if New Hire, Employee, Intern, SOS temp, Health Services Contractor, or Community Partner.

Inmate Phone List       **No Info found/**  
 Inmate Visitor List       **No Concern**   
 Inmate Email List   
 Cash Transfers

**Refer to**  
**Hiring Authority**   
 (See comments below)

**Intel Captain/ Designee:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hiring Authority (If Applicable)**

APPROVED   
 DENIED

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS/JUSTIFICATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREA INDICATOR**

**LEGAL REVIEW**

**NDCS Company Hire Date:** \_\_\_\_\_  
 No  
 Yes, Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

Printed Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Project:**  
**Project #:**

**Project Location:**  
**Contractor:**