



PROGRAMS AND COMMUNITY SERVICES DIVISION



COMMUNITY CORRECTIONS CENTERS

SPONSOR ORIENTATION TRAINING BOOKLET

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Rob Jeffreys, NDCS Director

Robert Madsen, NDCS Deputy Director of Prisons

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Contact Information

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NDCS Mission and Vision

Our Mission

Keep people safe: “Keep people safe” may sound simple, but it is not a simple mission. We keep people in the public safe. We keep people who visit our prisons safe. We keep people who are incarcerated safe.

We keep people safe through sound incarceration practices and daily vigilance. We know that good security encompasses count, searches, and locked doors, but it is more than that. We also provide people with opportunities to change. Assessments, treatment, programming, and healthy environments are all part of how we keep people safe.

“Keep people safe” is a huge responsibility. One we cannot take for granted. One we accomplish with pride.

Our Vision

Safe Prisons – Transformed Lives – Safe Communities

Our vision describes what we want to create, where we want to be, our end-state. Successfully carrying out our mission is how we achieve this vision. The vision of our agency is a direct reflection of how important we are to an orderly society.

Through the use of effective interventions, incentives and appropriate sanctions we make prisons safe. By creating safe environments where people can engage in pro-social activities and address needs that reduce their risk to reoffend, their lives will be transformed. When people become contributing members of society, our communities are safe.

Community Corrections Center – Lincoln Mission Statement

The Community Corrections Center-Lincoln is in the business of “creating neighbors” by CHANGE. Change is developed by providing career opportunities, healthy relationships, access to programming/housing, navigating choices, and the growth/empowerment of each person through these doors.

Community Corrections Center – Omaha Mission Statement

Building a better future. The Community Corrections Center-Omaha’s vision is to build healthy relationships and inspire positive choices, by maintaining values of communication, respect, excellence, accountability, trust and empathy.

American Correctional Association - Code of Ethics

The American Correctional Association expects of its members unfailing honesty, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service. To this end, we subscribe to the following principles.

RELATIONSHIPS WITH CLIENTS | COLLEAGUES | OTHER PROFESSIONS | THE PUBLIC

- Members will respect and protect the civil and legal rights of all clients.
- Members will serve each case with appropriate concern for the client's welfare and with no purpose of personal gain.
- Relationships with colleagues will be of such character to promote mutual respect within the profession and improvement of its quality of service.
- Statements critical of colleagues or their agencies will be made only as these are verifiable and constructive in purpose.
- Members will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment.
- Subject to the client's rights of privacy, members will respect the public's right to know and will share information with the public with openness and candor.
- Members will respect and protect the right of the public to be safeguarded from criminal activity.

PROFESSIONAL CONDUCT | PRACTICE

- No member will use his/her official position to secure privileges or advantages for him/herself.
- No member will act in his/her official capacity in any matter in which he/she has personal interest that could in the least degree impair his/her objectivity.
- No member will use his/her official position to promote any partisan political purposes.
- No member will accept any gift or favor of a nature to imply an obligation that is inconsistent with the free and objective exercise of his/her professional responsibilities.
- In any public statement, members will clearly distinguish between those that are personal views and those that are statements and positions on behalf of an agency.
- Each member will be diligent in his/her responsibility to record and make available for review any and all case information, which could contribute, to sound decisions affecting a client or the public safety.
- Each member will report without reservation any corrupt or unethical behavior, which could affect either a client or the integrity of the organization.
- Members will not discriminate against any client, employee or prospective employee on the basis of race, sex, creed or national origin.
- Each member will maintain the integrity of private information; he/she will neither seek personal data beyond that needed to perform his/her responsibilities, nor reveal case information to anyone not having proper professional use for such.
- Any member who is responsible for agency personnel actions will make all appointments, promotions or dismissals only on the basis of merit and not in furtherance of partisan political interests.

(Adopted August 1975 at the 105th Congress of Correction)

Community Sponsor Job Description and Guidelines

Your interest as a Sponsor indicates that you want to offer special services to the incarcerated individuals of the community corrections centers. As a Personal or At-Large sponsor you share in the responsibility of the safety and conduct of the incarcerated individual assigned to the community center.

All incarcerated individuals in community custody are governed by the laws of the State of Nebraska, the policies of the Department of Correctional Services and the procedures, rules, regulations and directives of the community correctional center in which they are housed. It is imperative that you cooperate with and abide by these laws and regulations. Failure to abide by the laws and regulations and/or the guidelines offered below may not only be cause for your termination as a volunteer or sponsor, but may jeopardize the community custody status of the incarcerated individual you are sponsoring.

I. DEFINITIONS

A. COMMUNITY CUSTODY CLASSIFICATIONS

Incarcerated individuals who reside at community corrections centers are all classified as community custody. There are two community custody classifications.

1. Community Custody A (Work/Education Detail) 4A

Incarcerated individuals having Community Custody A (4A) shall be assigned to a job within the facility of a park, road crew, off-site education release or other work detail in the community, with intermittent supervision. Education detail requires a facility job assignment and an educational plan, including acceptance and funding, to be approved by the warden.

2. Community Custody B (Work Release) 4B

Incarcerated individuals assigned to Community Custody B (4B) may be permitted to work at paid employment in the community as provided by law. The warden may approve incarcerated individuals on work release to attend education or training programs if such does not conflict with the incarcerated individuals work schedule. Such employment/education or training programs are restricted to the state of Nebraska.

Five percent (5%) of the incarcerated individual's earnings is placed in a special release savings. An additional five percent (5%) of their earnings is placed in a Victims Fund.

B. COMMUNITY INCENTIVE PROGRAM

There is a Community Incentive Program for Community Custody incarcerated individuals. Extended community activity privileges in the form of furloughs may be earned based upon the incarcerated individuals classification, monthly performance reports, and his/her disciplinary record.

C. FURLOUGH TYPES

Personal needs furloughs require a personal or at-large sponsor. Programming furloughs for programs other than clinical treatment or approved Vocational and Life Skills (VLS) programs require a personal or at-large sponsor. Family furloughs require an immediate family member approved sponsor. No sponsor is required for a job seeking furlough.

3. Personal Needs Furloughs:

A personal needs furlough requires an approved sponsor and must be approved by the warden/designee for activities such as, but not limited to, shopping (specific store locations may be restricted by the warden), haircuts or hairstyling, family fun centers, movies, restaurants, libraries, zoos, children's sporting events or school activities, court visits, funerals or hospital visits, apartment seeking, or other activities deemed appropriate by the warden. Personal needs furloughs may be up to four (4) hours in length and will generally occur between the hours of 8:00 am and 8:00 pm. The warden may extend the time of a personal needs furlough to attend a funeral of an immediate family member or as the warden deems appropriate. Restrictions may be imposed at the discretion of the warden/designee. At-large sponsors may transport up to two (2) incarcerated individuals provided the vehicle has a functional seat belt for each occupant.

4. Medical Furloughs:

A medical furlough may be granted, with approval by the warden, when an incarcerated individual is admitted to the hospital for individuals who are within 12 months of release and qualify for a family furlough in accordance with the Community Incentive Program. All incarcerated individuals on medical furlough must be placed on electronic monitoring for the duration of the furlough. Medical furloughs may be granted by the warden for up to 48 hours. Medical furloughs lasting more than 48 hours, or for incarcerated individuals who do not meet the stated criteria, will require written request from the warden and approval by the NDCS director and require face-to-face contact by staff members at least once per shift.

5. Programming Furloughs:

A programming furlough may be granted at the warden/designee's discretion for the purpose of participation in reentry activities. Incarcerated individuals on a programming furlough may attend approved NDCS or community programs, religious events, and participate in reentry programs authorized group activities including education or training programs which are in line with their case plan. The duration of the programming furlough is at the discretion of the warden and is based on the schedule of the activity.

Programming furloughs will generally occur between the hours of 8:00 am and 8:00 pm. Restrictions may be imposed at the discretion of the warden/designee. At-large sponsors may transport up to eight (8) incarcerated individuals provided the vehicle has a functional seat belt for each occupant.

6. Job Seeking Furloughs:

A job seeking furlough may be granted at the discretion of the warden/designee upon arrival of the work/educational release application. Job seeking furloughs are granted to go into the community to search for work opportunities, apply for jobs, and/or complete job interviews. Job seeking furloughs may include time at an approved job assistance location, such as the American Job Center. Job seeking furloughs may be up to six (6) hours in length and will generally occur between the hours of 8:00 am and 4:00 pm. The warden may extend the time of a job seeking furlough with documented and verified information to support the request. Restrictions may be imposed at the discretion of the warden/designee.

7. Family Furloughs:

A family furlough requires an approved immediate family sponsor and may include activities such as shopping (specific store locations may be restricted by the warden), haircuts or hairstyling, family fun centers, movies, restaurants, libraries, zoos, children's sporting events or school activities, court visits, funerals or hospital visits, or other activities deemed appropriate by the warden. Family furloughs may be up to 48 hours in length, as determined by the Community Incentive Program and the score indicated on their monthly performance report. For overnight furloughs, incarcerated individuals will be required to be at their furlough address or the community center no later than 8:00 pm.

Family Furloughs (Cont.)

Incarcerated individuals may list two immediate family member sponsors on their furlough agreement. One immediate family member sponsor must remain with the incarcerated individual at all times, however, one sponsor may check out an inmate on furlough and the other sponsor may return the incarcerated individual to the center.

While on family furlough, incarcerated individuals are allowed to go on itineraries up to four (4) hours, dependent on itinerary activity, including travel time from the approved furlough address and back. Itinerary must be within 10 miles of approved furlough address. Those allowed itineraries that are permitted are as follows:

- Twelve (12) hour furlough One (1) itinerary
- Twenty-four (24) hour furlough One (1) itinerary
- Forty-eight (48) hour furlough Two (2) itineraries, one (1) per day

D. SPONSORS

Individuals or organizations working with inmates at Community Corrections are identified and defined as follows:

1. At-Large Sponsor:

(Volunteer) Individuals and organizations with no personal interest in any particular incarcerated individual or who may be involved in providing services or activities to the facility and under the supervision of a staff member. At-large Sponsors may be matched with an incarcerated individual or request to provide services for a specific program or organization.

2. Personal Sponsor:

Individuals specifically known by an incarcerated individual and who have a particular, vested interest in that inmate (Example: Wife who sponsors her husband on furlough). Also included in this category are individuals whose only purpose is to provide transportation for a specific incarcerated individual to/from work or school, or other approved furlough destination. Must be on the incarcerated individuals approved visiting list to be eligible.

II. SPONSOR RESPONSIBILITIES & CONFLICTS OF INTEREST

A. GENERAL

In general, sponsors are to conduct themselves in a manner similar to that expected of employees pursuant to the rules and regulations of the department. Sponsors must remain with the incarcerated individual for the duration of the furlough.

Sponsors will follow the same dress code established for visitors while inside the facility. Sponsors working in a discipline, which requires professional credentials by law, must have current credentials available for verification. If a situation arises where you have a question or a concern or a doubt as to the proper course of action, do not hesitate to contact the facility immediately.

Specifically, sponsors shall not:

1. Introduce contraband into any facility within the department.
2. Accept or issue any bribe, gift, loan, or gratuity from or to an incarcerated individual.
3. Engage in trading or trafficking with incarcerated individuals including selling, buying from, or delivering to any inmate any article or commodity of any description except through authorized channels.
4. Bring articles of any kind into the facility for delivery to an incarcerated individual or take out an article of any kind for an incarcerated individual, unless authorized to do so by the staff.

B. TRANSPORTATION

The safety of the inmates transported into the community by sponsors is paramount. The sponsor does not have to be the driver of the vehicle, but whoever is driving must have the appropriate documentation (current driver's license, registration and insurance).

C. CHECK IN / OUT

Incarcerated individuals will be checked in/out of the facility at the front desk/control desk. Failure to comply will result in the cancellation of the pass or furlough for that day. A sponsor will be required to show the following every time he/she is checking an incarcerated individual out:

- Valid Photo Identification
- Current/Valid Vehicle Registration
- Current/Valid Vehicle Insurance Card

Sponsors are required to have the incarcerated individual with them at all times, except when incarcerated individuals, who are on furlough, go to work. Sponsors shall notify the facility of any emergencies. Sponsors must accompany incarcerated individuals into the facility at the conclusion of a furlough. Furlough times must be strictly adhered to.

D. EMERGENCIES

As a sponsor, you share in the responsibility for the safety and supervision of the incarcerated individual. The Community Corrections Center the incarcerated individual is housed in must be notified as soon as possible of any emergency.

1. Medical:

If an incarcerated individual becomes ill or sustains an injury that requires medication or emergency treatment, after you have obtained the medication or treatment, notify CCC-L/CCCO-O. Any medication must be turned into the front desk upon return to the institution.

2. Severe Weather:

The facility must be notified as soon as possible in the event that severe weather or a natural disaster prevents the return of the incarcerated individual to the facility. You will need to provide the facility with your present location, the extent of injuries, if any, and any other pertinent details as may be required by the staff. Incarcerated individuals may not be allowed to leave the facility on furlough during severe weather watches, warnings or emergencies as determined by the warden or shift supervisor.

3. Escape:

It is your responsibility to contact the facility immediately if the incarcerated individual being sponsored cannot be located. Staff will request information concerning the time, location of the possible escape, a description of the incarcerated individuals clothing, if known, and any other pertinent information. Notification of the appropriate agency and law enforcement personnel is the responsibility of the facility.

E. TERMINATION / SUSPENSION

The warden or assistant warden may by verbal mandate, immediately discontinue, restrict, postpone, or terminate the services of any or all sponsors when a situation of high risk occurs in the facility or the community, the safety of a sponsor is threatened, or the conduct of the sponsor is deemed unsuitable.

F. LENGTH OF SERVICE

The sponsor coordinator may require the sponsor to attend and complete another sponsor orientation class and background check if a lapse of service for more than 6 months occurs.

G. GRIEVANCES

Any sponsor wishing to file a grievance must do so in writing, listing their name, organization, function in the sponsor program, and the specific nature of the grievance. The grievance will be submitted to the assistant warden for investigation.

III. OVERVIEW OF INCARCERATED INDIVIDUAL RULES AND REGULATIONS

Pertinent rules and regulations of the Department of Correctional Services and the Community Corrections Centers can be found within this Sponsor Orientation Training Booklet. Copies of the complete rulebooks and institutional in-house rules are provided to each incarcerated individual.

A. Incarcerated individuals are not allowed to consume alcoholic beverages or use unauthorized narcotics or drugs of any nature, at any time.

Special Note: Many cold medications contain substances that can cause a positive drug test and many cough syrups contain alcohol.

B. Incarcerated individuals must strictly adhere to the scheduled departure and return time, the approved itinerary and the location address documented on the authorized furlough. Travel time is included in the time frame of the furlough.

C. Incarcerated individuals are not allowed to drive any type of motor vehicle while on pass or furlough.

Incarcerated individuals are not permitted to purchase, lease or possess cell phones, Secure Digital (SD) cards, Bluetooth devices, or other electronic devices without authorization from the warden. Incarcerated individuals will neither possess nor use these items while at the Community Corrections Center, work detail assignments, work release assignments, furlough locations, or anywhere else they may go in the community.

IV. GENERAL INFORMATION

A. CONTRABAND

Contraband is any item that is not officially issued through proper institutional channels or otherwise specifically approved by the facility for possession by the incarcerated individual. Volunteers or sponsors may not give anything to an incarcerated individual without proper authorization.

B. VICTIM SERVICES

The DCS has established a Victim Assistance Program. This program aids victims, DCS staff and their families, and interested parties whose incarcerated individual offenders were sentenced to a prison term within the department.

For additional information please call 402-479-5867 or visit the agency's website at www.corrections.state.ne.us.

C. SMOKING POLICY

Smoking is not permitted anywhere inside the facility. Sponsors and incarcerated individuals are not permitted to smoke on DCS or Community Corrections Center property or grounds.

D. STATUTORY PROVISIONS

Sponsors are also subject to statutory provisions 28-322 and 28-322.01 that specifically prohibit sexual activity between sponsors and incarcerated individuals while on passes and/or furloughs. It is not the intent of this statute and section to subject spouses to criminal liability.

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced horizontal black lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins, text, or other markings present.

Nebraska State Statute

State Statute 28-318

Sexual Contact

Sexual contact means the intentional touching of the victim's sexual or intimate parts on the intentional touching of the victim's clothing covering the immediate area of the victim's sexual or intimate parts. Sexual contact shall also mean the touching by the victim of the actor's sexual or intimate parts or the clothing covering the immediate area of the actor's sexual or intimate parts when such touching is intentionally caused by the actor. Sexual contact shall include only such conduct which can be reasonably construed as being for the purpose of sexual arousal or gratification of either party.

State Statute 28-318

Sexual Penetration

Sexual penetration means sexual intercourse in its ordinary meaning, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of the actor's or victim's body or any object manipulated by the actor into the genital or anal opening of the victim's body which can be reasonably construed as being for nonmedical or non-health purposes. Sexual penetration shall not require emission of semen.

Nebraska State Statute

28-322 sexual abuse of an inmate or

parolee defined as follows: Inmate or

parolee means any individual in a facility by

the Department of Correctional

Services or a city or county jail facility or

under parole

supervision

State Statute 28-322.01 Sexual abuse of an inmate or parolee. A person commits the offense of sexual abuse of an inmate or parolee if such person subjects an inmate or parolee to sexual penetration or sexual contact as those terms are defined in section §28-318. It is not a defense to a charge under this section that the inmate or parolee consented to such sexual penetration or sexual contact.

It is not a defense to a charge under this section that the inmate or parolee consented to such sexual penetration or sexual contact.

State Statute 28-322.02 Sexual abuse of an inmate or parolee in the first degree. Any person who subjects an inmate or parolee to sexual penetration is guilty of sexual abuse of an inmate or parolee in the first degree. Sexual abuse of an inmate or parolee in the first degree is a Class IIA felony.

State Statute 28-322.03 Sexual abuse of an inmate or parolee in the second degree. Any person who subjects an inmate or parolee to sexual contact is guilty of sexual abuse of an inmate or parolee in the second degree. Sexual abuse of an inmate or parolee in the second degree is a Class IIIA felony.

All cases of sexual assault or abuse will be referred to the DCS PREA Coordinator for review and referred to the criminal investigators/Nebraska State Patrol for criminal investigation and possible prosecution.

Sufficient evidence that an employee, contractor, volunteer has violated section 28-322.01 it WILL be referred to a County Attorney for prosecution.

Sexual acts involving staff, contractors or volunteers is a felony.

203.11 Attachment B

Revised July 2023

SEXUAL

ASSAULT

AWARENESS

NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES

PREA Hotline

PTN 0-111-1111-111

Speed Dial 08#

EVERYONE HAS AN

OBLIGATION TO REPORT

THE DEPARTMENT'S POLICY ON
SEXUAL ACTIVITY

The Nebraska Department of Correctional Services has a **ZERO tolerance** Policy regarding Sexual abuse, sexual harassment, and retaliation for reporting such incidents. Inmates, parolees, visitors, volunteers and employees have a right to living and working areas that are free from any form of sexual abuse. This policy covers sexual abuse by employees, visitors, volunteers, and inmates.

team members and Incarcerated individual Sexual Behavior

Team members, contractors and volunteers are prohibited from:

- Watching an Incarcerated individual in a state of undress (unless part of official job duties – safety searches, routine cell checks, etc.)
- Physically touching an Incarcerated individual in a sexual manner on the genitals, anus, groin, breast, inner thigh or buttocks with the intent to abuse, arouse or gratify sexual desire
- Brief and incidental contact may occur during pat searches
- Sexually harassing Incarcerated individual
- Threatening an Incarcerated individual in an attempt to induce engaging in sexual behavior
- Physically touching an Incarcerated individual in a sexual manner
- Attempting to have sex
- Having sex, or any type of physical or romantic relationship

Incarcerated individual on Incarcerated individual or Team member on Incarcerated individual Sexual Behavior

The Department of Correctional Services will not tolerate abusive sexual contacts or acts within the correctional setting. The Code of Offenses prohibits inmates or parolees from engaging in sexual behavior with another inmate or parolee or forcing an employee to engage in unwanted or nonconsensual sexual behavior with an inmate or parolee. Inmates and parolees should expect a facility that is free from any form of abuse to include:

- Physical/sexual assault
- Physical/sexual pressuring
- Extortion (pressuring for personal property, charging rent, demanding sexual favors or money)
- Physical/sexual manipulation intimidation or
- Retaliation/retribution

Incarcerated individuals and parolees who engage in the above cited prohibited acts are subject to disciplinary action and/or criminal prosecution. Incarcerated individuals who are determined to be a threat to team members or Incarcerated individual will be considered for Administrative Segregation placement through the Incarcerated individual classification process.

Offenders will be referred to the Court.

IF YOU ARE SEXUALLY ASSAULTED

If the attack just happened..... As soon as it is safe to do so, **Report the attack immediately**. The longer you wait to report the attack the more difficult it is to obtain the evidence necessary for a criminal and/or administrative investigation. The assault can be reported to any team member or trusted party.

Do not Shower, brush your teeth, use the restroom, or change your clothes. You may destroy important evidence.

Do request immediate medical attention. You may have serious injuries that you are not aware of, and any sexual contact can expose you to sexually transmitted diseases.

Later on..... Please seek support. The days ahead can be traumatic and it helps to have people who care about you supporting you.

Professional help is available. Any nonconsensual sexual activity is degrading. Mental Health Staff within the institution are available to help inmates and parolees recover from the emotional impact of sexual assault.

SELF PROTECTION

Incarcerated individual/ parolees should take all reasonable measures to protect themselves. Incarcerated individual/ parolees should take reasonable measures to avoid conflict, confrontations, and/or altercations by leaving the immediate area.

Be aware of situations that make you feel uncomfortable. Trust your instincts. If it feels wrong, leave.

Don't be afraid to say "NO" or "STOP IT NOW."

Walk and stand with confidence. Many rapists choose victims who look like they won't fight back or are emotionally weak.

Casual nudity and talking about sex may make another person/incarcerated individual believe that you have an interest in a sexual relationship.

Do not accept canteen items or other gifts from other inmates/persons. Avoid placing yourself in debt to another inmate; this can lead to the expectation of repaying the debt with sexual favors.

Avoid secluded areas. Position yourself in plain view of team members. If you are being pressured for sex, report it immediately.



PROGRAMS AND COMMUNITY SERVICES DIVISION



COMMUNITY SPONSOR APPLICATION

Rob Jeffreys, NDCS Director

Robert Madsen, NDCS Deputy Director of Prisons

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

☐ Approved ☐ Denied

Reason:

FAMILY FURLOUGH

☐ Approved ☐ Denied

Reason:

COMMENTS

SPONSOR COORDINATOR SIGNATURE

DATE

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.

SPONSOR FULL LEGAL NAME (PLEASE PRINT)

SPONSOR SIGNATURE

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 Social Security Number
Month/Day/Year

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:

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:

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:

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:

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

☐ Yes ☐ No

If yes, what Agency:

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:

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:

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:

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:

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:

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

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: _____

INTEL SECURITY CHECK

To be checked at facility/program:

*Check **only** if New Hire, Employee, Intern, SOS temp, Health Services Contractor, or Community Partner.*Inmate Phone List ☐Inmate Visitor List ☐Inmate Email List ☐Cash Transfers ☐**No Info found/
No Concern** ☐**Refer to
Hiring Authority** ☐
(See comments below)**Intel Captain/ Designee:**

Signature _____

Date _____

Hiring Authority (If Applicable)APPROVED ☐DENIED ☐

Signature _____

Date _____

COMMENTS/JUSTIFICATION

PREA INDICATOR**NDCS Company Hire Date:** _____☐ No☐ Yes, Date: _____

Comments: _____

LEGAL REVIEW

Printed Name _____

Signature _____

Date _____

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