

**Butte County Correctional Facility  
Information On Jail Programs**

Upon approval of your application you will be given a date and time to have your fingerprints and photograph taken. Final approval of your application will not be decided until the report from the Department of Justice is obtained. Unless specified on your I. D. card, there is an annual renewal date. Failure to renew your I. D. card before its expiration date will prevent you from participating in the program.

**PROGRAM RULES**

1. You must be eighteen (18) years or older.
2. You may not be on Parole or Probation and must have been successfully terminated from any of these programs for at least one (1) year.
3. You must present a valid photo I. D. card prior to entry.
4. You and your property are subject to search at any time.
5. Bring nothing into the facility. Exceptions are made for a bible, religious materials, or literature relevant to the program that has been approved by the Administrative Sergeant. Any "hand-out" material for the inmates must be pre-approved by the Administrative Sergeant.
6. Take nothing from an inmate to be delivered to another inmate or taken from the facility.
7. You have a meeting time set. Wait for all members from your group. If a member shows up after the group has entered, that member will be denied entry.
8. Pay close attention to and immediately obey all directions given to you by jail staff.
9. There may be times, due to an emergency, or short staffing, when you will not be allowed entry to the facility.
10. Do not loiter in the hallways or stop and engage in conversation with the inmates. Stay with the jail staff member escorting you unless directed to do otherwise.

**DRESS CODE**

1. No shorts
2. No camouflaged clothing
3. No tank tops
4. No bodysuits or swim wear
5. No dresses or skirts shorter than the top of the knee
6. No half-tops

The wearing of inappropriate clothing may be cause to deny entry into the facility.

## GROUP SIZE

When meeting with the inmates, normally only three (3) persons from your group may attend. This is due to limited space available and/or staffing limitations.

## MEETING DATES/TIMES

The Administrative Lieutenant or Sergeant will coordinate with your group in establishing meeting dates/times. Group access will normally be limited to once each week.

A violation of any of the above rules may result in the loss of your jail ID card and prevent your further access into the Correctional Facility. We thank you in advance for your interest, participation, and cooperation.

I have read and understand the above information.

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Signature

Date

## COUNTY OF BUTTE AGREEMENT, WAIVER, AND RELEASE

In consideration of being permitted by the County of Butte to participate in the Inmate Services Program, hereinafter referred to as Program, I hereby waive, release, and discharge any and all claims for personal injury, property damage, death, or third party liability claims, which may result from my participation in the program. This release is intended to discharge in advance the County of Butte, its officers, employees, and agents from any and all liability arising out of or connected in any way with my participation with the Program, even though liability may arise out of negligence or carelessness on the part of the County, its officers, employees, and agents. I understand that my participation in the Program involves an element of risk and danger of accidents, and I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I also agree to indemnify, defend, and hold harmless the County of Butte, its officers, and employees, and agents, from any and all claims for damages that I may cause or be accused of causing while participating in the Program.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY OF BUTTE AND I SIGN IT OF MY OWN FREE WILL.**



Volunteer Organization you're applying for: Circle One

AA      NA      Womens Aglow      Ministry      Other \_\_\_\_\_

Official title of the organization that you are affiliated with:

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Certificates of training, registration or valid professional licenses, which pertain to the requirements of this program:

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References:

Name	Telephone
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Name	Telephone
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Experience: Begin with your present or most recent position. List all of your experience that you believe pertains to the requirements for the Program for which you are applying. List Titles separately. Be sure to list duties for each position. Attach separate sheets if necessary.

From: \_\_\_\_\_ Affiliation: \_\_\_\_\_

To: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

From: \_\_\_\_\_ Affiliation: \_\_\_\_\_

To: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

From: \_\_\_\_\_ Affiliation: \_\_\_\_\_

To: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

I certify under penalty of perjury that all statements and information on this application and attachments are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

At \_\_\_\_\_ CA.  
City

Signature: \_\_\_\_\_

**BUTTE COUNTY CORRECTIONAL FACILITY JAIL PROGRAM  
CLEARANCE**

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**Name of Applicant:** \_\_\_\_\_

**Program/Service:** \_\_\_\_\_

**Local Clearance:**            **RMS** \_\_\_\_\_ **OffenderTrak** \_\_\_\_\_ **Pink Cards** \_\_\_\_\_

**Approved—Fingerprint:**  
\_\_\_\_\_ Date  
Programs Lieutenant/Sergeant signature

**Disapproved:**  
\_\_\_\_\_ Date  
Programs Lieutenant/Sergeant signature

**Reason:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Approved /ID Card:**  
\_\_\_\_\_ Date  
Programs Lieutenant/Sergeant signature

**ID Expiration Date:** \_\_\_\_\_

**Disapproved:**  
\_\_\_\_\_ Date  
Programs Lieutenant/Sergeant signature

**Reason:**  
\_\_\_\_\_  
\_\_\_\_\_

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**Renewal /DOJ Response:** \_\_\_\_\_