**WRP / VWRP Application Form:**

**Fill in all information completely and please print very clearly. If the application is sloppy, unclear, or if any spaces are left blank, it will not be processed. Any false statements made to DOC staff or on this application may result in termination from the Work Release / Vocational Work Release Program.**

Offender Full Name: Offender #:

Current Offense(s): Case Number(s):

Sentence Length (List actual sentence, i.e.: 60 days with 20 days suspended.):

Date Of Birth: Age: Sex: Height: Weight:

Hair Color: Eye Color: Tattoos:

Employment Company Name: Work Site:

Telephone #s: Cell Pone #s:

Emergency Contact: Phone #:

A clean UA sample must be provided prior to placement in the Work Release / Vocational Work Release Program.

**Applicant Questions:**

|  |  |  |
| --- | --- | --- |
| Have you been found guilty of a B or C level write-up? | Yes [ ]  | No [ ]  |
| Have you ever been found guilty of an escape from a secured facility or walk-away from a CRC? | Yes [ ]  | No [ ]  |
| Do you have any an in-state or out-of-state wants or warrants or detainers? | Yes [ ]  | No [ ]  |
| Do you have any current protective or restraining orders filed against you? | Yes [ ]  | No [ ]  |
| Are you illegally using a controlled substance, as defined under AS 11.71.100? | Yes [ ]  | No [ ]  |
| Are you currently recommended or court ordered to attend substance abuse treatment or assessment? | Yes [ ]  | No [ ]  |

Offender Signature: Date:

Offender Printed Name:

**Distribution:**

Original: WRP / VWRP File. Copy: Offender. Copy: Offender’s Institutional File.