

# BOUNDARY COUNTY SHERIFF

## Labor Program Rules = S.I.L.P.

Participant must arrive by 7:45 a.m. on their scheduled workday at the Boundary County Landfill unless told otherwise. Hours of work are 8:00 am to 4:30 pm. Ten hour shifts are allowed depending on time ordered by court. No day worked will be less than 8 hours. Late arrivals **WILL NOT** be accepted **AND WILL** be sent home and denied participation for that day. **If you are on the schedule and do not show or do not call in advance you may be denied participation. You will need to call Project Coordinator@ 267-3151 x 202 and leave a message and you will also need to call the Boundary County Landfill 267-3812. No EXCEPTIONS allowed.**

1. Participants must provide their own sack lunch and bottled water. **All items are subject to search prior upon arrival.** Any search, which finds any illegal substance, will result in your immediate arrest for that charge **plus** an affidavit sent to the judge for non-compliance of this program, which will result in a future warrant to serve your full time in jail for the labor program. Any alcoholic beverages found will result in your immediate withdrawal from the program, and an affidavit sent to the judge for non-compliance.
2. All participants are expected to dress according to the weather conditions. Most work is done outside. Long pants, full shirts and tennis shoes or boots must be worn at all times. Ball caps are optional. No profane or vulgar slogans will be tolerated. If you are dressed incorrectly, you will be sent home and not given credit for your workday.
3. **NO PERSONAL VISITS** will be permitted during the day. All family emergencies may be relayed by contacting the Landfill at 208-267-3812; unless you have been ordered to work on the road crew then dispatch will need to be contacted @ 208-267-3151 ext. 202. **NO PAGER OR CELL PHONES ARE ALLOWED.**
4. Participants must obey the instructions of the Boundary County Sheriff's Office staff, Boundary County Landfill Staff or the supervisor in charge. They shall perform the work assigned in a reasonable and timely manner. **LAZINESS OR HORSEPLAY WILL NOT BE TOLERATED AND WILL BE GROUNDS FOR DISMISSAL FROM THE WORK PROGRAM.** Anyone reporting to the labor program with the odor of alcohol or intoxicants on their breath or person will not be permitted to work that day.
5. Cost for the work program is **\$20.00 per day. PAYMENTS MUST BE MADE AT THE SHERIFF'S OFFICE MONDAY – FRIDAY 8AM – 4PM.** If you are not paid up in full on the day that the court has advised you to have the program complete notice of completion will not be forwarded to the court. **YOU** must advise at the time of signing up if payment arrangements will be needed. **Failure to complete the program and participants violated due to failure to appear will constitute an automatic forfeiture of funds paid.**
6. All participants signed up for the work program must arrive on their scheduled days unless other arrangements have been made in advance. You **MUST** contact the program coordinator and the landfill if that is your designated location. **NO EXCEPTIONS!** Rescheduling is at the discretion of the Program Coordinator. **A letter of violation will be sent to the judge if you have more than one failure to appear at your designated time.**
7. **All participants will report to the program coordinator at least once a week until their sentence is completed**
8. **All participants must complete the program in the amount of time specified by the Court.** Failure to do so will result in a letter being sent to the judge and a warrant being issued for your arrest.

**IT IS YOUR RESPONSIBILITY TO SIGN IN AT THE LANDFILL OFFICE FOR EVERY SHIFT YOU WORK. IF YOU ARE A NO SHOW / NO CALL THE LANDFILL CAN REFUSE TO ALLOW YOU TO RETURN.**

**PROGRAM COORDINATOR: AMANDA TOMPKINS 208-267-3151 extension 217**

**Landfill at 208-267-3812**

ANY VIOLATIONS OF THE ABOVE RULES WILL RESULT IN YOUR REMOVAL FROM THE BOUNDARY COUNTY WORK PROGRAM AND YOUR ENTIRE SENTENCE WILL BE SERVED IN THE BOUNDARY COUNTY DETENTION FACILITY.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE RULES.**

**I UNDERSTAND THAT I MAY BECOME INCARCERATED SHOULD I VIOLATE ANY OF THESE RULES.**

X  
Participant Signature \_\_\_\_\_ Date and Time \_\_\_\_\_

\_\_\_\_\_  
Administrator / Deputy

**Printed Name:**

Case #	
# of Days to Serve	
Dates to begin and/or End	

BCSO Labor Program Rules		
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**BOUNDARY COUNTY SHERIFF**  
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DATE: \_\_\_\_\_ COURT CASE# \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birthdate (dd/mm/yy) \_\_\_\_\_ Current Age \_\_\_\_\_

**Health Limitations:** (By signing up to the Labor Program you already advised the **Judge** that you are able to perform tasks requiring physical labor. If you are now stating you cannot perform these tasks, the **Judge** will be advised and you will be required to spend your entire sentence in the detention facility at the Boundary County Jail).

Medication	Reason for Taking
List all medications you are or will be taking at the time you are working in the program and the reason for taking.	(I.e. Blood Pressure, Diabetes, Heart Condition, Pain Med for back injury, etc...)

Weekends ordered to Work: (List all the days needed to complete your court ordered time)

**IF I AM NOT HERE – USE CALENDAR ON WALL TO DETERMINE YOUR DATES YOU WANT TO WORK**

**DAYS ARE MONDAY – SUNDAY EXCEPT HOLIDAYS**

Interviewer Comments: Have they paid their SILP Fees? Yes No PAYMENTS \_\_\_\_\_

**IF NEED TO MAKE PAYMENTS – MAKE SURE YOU PUT MAILING ADDRESS ON THIS FORM**

Scheduling Comments:

**B O U N D A R Y   C O U N T Y   S H E R I F F**  
**L a b o r   P r o g r a m   R u l e s   =   S . I . L . P .**

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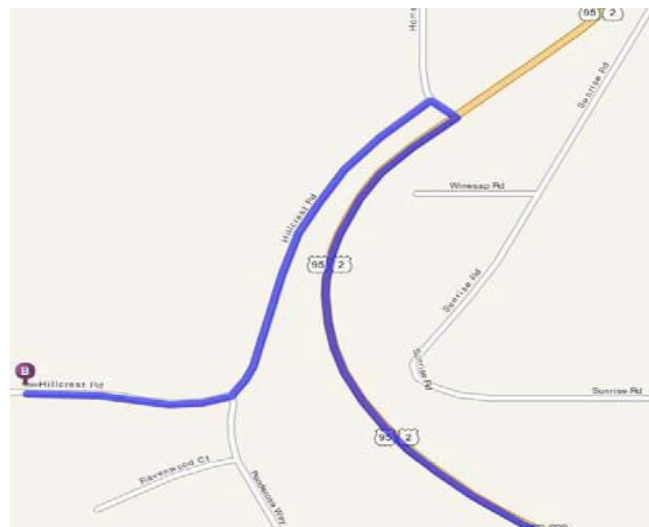
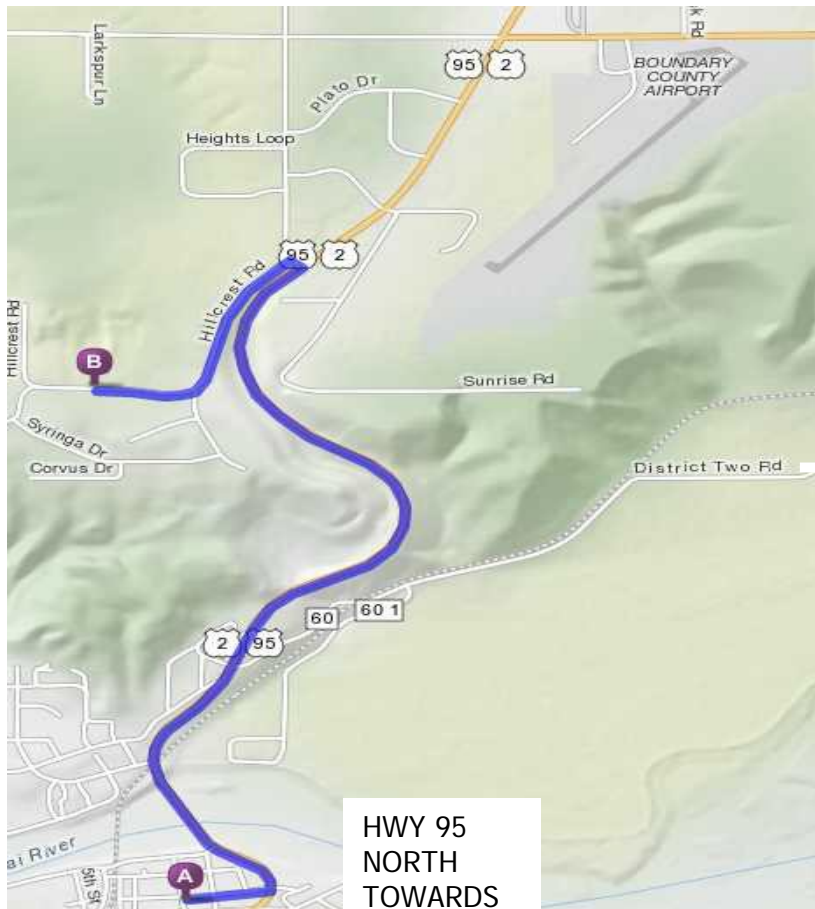
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Is \$20.00 per day**

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THE LANDFILL BY  
7:45 A.M.**

**LANDFILL phone # 208-267-3812**

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TO SIGN IN AT THE  
LANDFILL FOR DAYS AND  
HOURS WORKED**