



WORK RELEASE VISITOR AND SPONSOR APPLICATION

Offender Name		DOC Number		Facility Name		Date	
VISITOR/SPONSOR INFORMATION							
First Name		Middle		Last		Telephone Number	
Street Address				City		State	Zip
Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number		Birthdate	Birthplace		Alias/Maiden Name		Relationship to Offender
Occupation			Employer			Telephone Number	
Street Address				City		State	Zip
Driver License Number		Expiration	Auto Insurance Company			Expiration of Current Policy	
Vehicle Year		Make and Model				License Plate Number	

How long have you known the offender? _____ Months _____ Years

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been involved in illegal or criminal activity with the offender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been convicted of a felony or misdemeanor? If so, when? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you under supervision for a criminal offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you related to or on the visit list of any other offender under the Department's supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you currently a Department employee, contract staff, or volunteer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you keep firearms in your residence, vehicle, or on your person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you had a No Contact and/or Protection Order served on the offender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFERENCES (List Individuals not related to you)		
Name	Address	Telephone Number
Name	Address	Telephone Number
Spouse's Name	Birthdate	Occupation
Spouse's Employer	Address	Telephone Number

I hereby acknowledge that I have provided true and accurate information to the best of my knowledge. As a visitor, I agree to abide by the facility's rules. If I have applied to become a sponsor for social outings for the offender, I hereby acknowledge that I have been provided with and agree to abide by the terms in DOC 20-084 Request for Social Outing. I understand that I am subject to a pat search and inspection of any items (e.g., purse, package, briefcase) I bring to the facility, including the visit area. I realize I have the option to refuse to be searched, but may then be removed from the facility and denied visitation rights for a period not to exceed 90 days. If I refuse a search more than once, my visiting rights may be denied permanently.

Applicant's signature: _____ Date: _____

WORK RELEASE EMPLOYEES		
Interviewer	Signature	Date
Community Corrections Supervisor	Signature	Date
Approved As <input type="checkbox"/> Visitor <input type="checkbox"/> Sponsor	If Denied, Reason for Denial	

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14