**SOCIAL OUTING**

**REQUEST AND RESPONSIBILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOC number | Facility name | Telephone number |
| Sponsor name | Date of Outing | Starting Time         AM  PM | Ending Time  AM  PM |
| Destination | | | Telephone number |
| Destination | | | Telephone number |
| Destination | | | Telephone number |
| Destination | | | Telephone number |

Individuals in a Reentry Center are under the jurisdiction of the Department of Corrections and must abide by Department rules and regulations. Any violation may result in loss of privileges and/or disciplinary actions. An approved sponsor is, by this agreement, delegated custodial supervision over the individual and is the same as if under the supervision of employees/contract staff. The approved sponsor is not authorized to delay or fail to return as required, which legally constitutes an escape for which appropriate action will be taken.

All sponsors must be at least 21 years of age. Spouses between 18 and 21 years of age require Community Corrections Supervisor approval in advance.

1. Individuals will be signed out by the sponsor in the presence of an employee.
2. Individuals will be returned to the facility by the predetermined time and signed in by the sponsor in the presence of an employee.
3. Individuals will not consume alcoholic beverages at any time.
4. Individuals will not enter any alcohol distribution locations (e.g., tavern/bar, brewery, cocktail lounge).
5. Individuals will not use or possess any illegal or mind altering drugs.
6. Individuals will not have access to firearms.
7. Individuals will not leave the county of the assigned Reentry Center without prior written approval of the Community Corrections Supervisor/designee.
8. Individuals will not leave Washington State during social outings.
9. Individuals will not leave their approved sponsor at any time.
10. Individuals will not associate with other Reentry Center individuals, probationers, parolees, furloughees, or anyone with whom they were involved with in previous offenses.
11. The sponsor will ensure that the individual adheres to all social outing rules and regulations and will advise the assigned case manager of any violations or problems which occurred during the social outing.
12. Sponsors will telephone the facility immediately if there are any changes in the social outing plan or if the individual departs unexpectedly.
13. Sponsors will provide proof of insurance and ownership of the vehicle being used for transportation.

I hereby acknowledge that I have read or had the above read to me. I understand and agree to abide by these expectations. Failure to follow the above rules may result in termination of sponsorship, and/or the individual receiving an infraction.

Sponsor signature Individual’s signature Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPROVAL** | | | | | |
| Approved  Denied | Approving Authority | | Signature | | Date |
| Time individual and sponsor left the facility  AM  PM | | | Time individual and sponsor returned to the facility         AM  PM | | |
| Employee witness | | Signature | Employee witness | Signature | |

**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 16-01, RCW 42.56, and RCW 40.14.**

Distribution: WHITE - Case manager CANARY - Front Desk PINK - Individual