



BARTHOLOMEW COUNTY COURT SERVICES

Community Corrections Center

Leave Sponsor Application

Participant Name: _____ Date: _____

Leave Sponsor

Name: _____ DOB: _____

Address: _____

Cell Phone Number: _____

As a leave sponsor, I understand that it is my responsibility to provide transportation for the participant for the approved activity. I understand that I must adhere to the following guidelines:

- I must provide Community Corrections with a copy of my valid Driver's License and proof of insurance on my vehicle.
- The program participant is not permitted to drive while on leave.
- I am only to take participant to locations that are approved in advance and are on the participant's weekly schedule or *Job Search Packet*.
- I am to notify Community Corrections of any contact with Law Enforcement while on approved leave.
- I am to ensure that the participant follows all laws, DOC Guidelines, and Community Corrections rules while the participant is in my care.
- I will have the participant back to the Community Corrections Center at or before the approved time.
- I will not for any circumstances, take the participant to my home.
- The participant must be with me at all times while on leave.
- I understand that if I do not follow the above guidelines, that my ability to serve as an Approved Leave Sponsor may be terminated.
- I give my permission for the Community Corrections Center to gain access to my police records from any localities believed necessary.

Leave Sponsor Signature: _____ Date: _____



Copy of Driver's License Copy of Insurance Card Background Cleared

Leave Sponsor:

Approved for Employment Church Hospital/Funeral Home Placement

Denied Reason: _____

Rob Gaskill, Director of Residential Services: _____ Date: _____