

CLARK COUNTY SHERIFF'S OFFICE

CONDUCT AGREEMENT

- ❖ I, _____ Do agree to the following conditions of providing services within the Clark County Jail/Work Center Facilities.
- ❖ I agree to engage only in those assignments or activities as directed by the organization I represent or as directed by the Sheriff's Office staff.
- ❖ I will not represent myself as a representative or paid employee of the Clark County Sheriff's Office without prior approval of the Sheriff or his/her designee.
- ❖ I will not discriminate in the performance of my duties on the basis of race, color, sex religion, marital status, national origin, or the presence of any physical, mental or sensory handicap.
- ❖ I agree to avoid undue familiarity. If an offender has a problem that is beyond my scope of my position, I will direct him/her to staff. There will be no physical contact with inmates at any time.
- ❖ If a close friend or relative is in custody, I will refrain from participating in the same program they do and will inform my coordinator.
- ❖ I agree not to report to the jail under the influence of drugs or alcohol.
- ❖ I will not buy, give, share, exchange etc., any messages, money or contraband (any article, legal or illegal brought into the facility without proper authority) to any offender in the jail's custody, realizing that I could be criminally prosecuted for doing so.
- ❖ I will report without any delay, any condition, activities, or unusual behavior which may be illegal, dangerous or potentially dangerous or any other problem to my supervisor and/or Sheriff's Office staff, except as otherwise required by law and/or Rule of Professional Conduct 1.6.
- ❖ I agree to abide by the laws of confidentiality as outlined on the confidentiality agreement.
- ❖ I agree to wear the designated identification pass when inside the facility and will report any loss of identification immediately to the jail's duty supervisor.
- ❖ I understand that I may share, but not attempt to persuade any offender to convert to my religious belief.
- ❖ I have been advised that if I should be injured while engaged in any authorized service, I will submit a county supervisory accident form, to be obtained from any Sheriff's Office shift supervisor.
- ❖ I will adhere to the policies and practices of the Clark County Sheriff's Office as they relate to the Federal Prison Rape Elimination Act, Public Law 108-79, except as otherwise required by law and/or the Rules of Professional Conduct. I have requested clarification from staff on my questions, and understand the Clark County Jail has a zero-tolerance policy clearly prohibiting any form of sexual activity.
- ❖ I understand that failure to meet any or all of these conditions may be grounds for clearance removal.

SIGNATURE

DATE