

## OWI 1 WEEKEND PROGRAM (48 Hour Program)

In compliance with your court order, you are required to attend the OWI 1 Weekend Program provided by Des Moines Area Community College. The purpose of the program is to teach participants facts about alcohol use and abuse, and to encourage low risk choices in the use of alcohol. Your attendance at this program will also fulfill your required 48 hours of jail time. Please review all the material contained in this registration packet.

### Schedule:

To reserve your seat in a class, you must call our office at **515-964-6385**. The program is scheduled as follows:

Check-in time: 5:00 - 5:30 p.m. on Friday

Check-out time: 5 p.m. on Sunday

### Class Location:

**Walnut Creek Days Inn**  
**1258 8<sup>th</sup> Street**  
**West Des Moines, IA**  
**50265**

#### Getting To The Hotel from:

##### **North**

I-35 S Merge On I-235 W, Exit Number 3, R On 8th St. R On Office Park Road. Hotel On L

##### **South**

I-35 N Exit On I-235 E, Exit Number 3, R On 8th St, R On Office Park Road, Hotel On L

##### **East**

I-235 W, Exit Number 3, R On 8th St, R On Office Park Road, Hotel On L

##### **West**

I-235 E, Exit Number 3, R On 8th St, R On Office Park Road, Hotel On L

##### **Airport**

N On Fleur Road, L On Park Ave, R On 63rd, L On Ashworth R On 8th St, Hotel On L Side

### Registration:

**Fee: \$365.00**

**Payment method: Money Order or Cashier's Check (payable to DMACC)**  
**Personal checks, cash and credit cards will NOT be accepted**

**Deadline:** Complete both sides of the registration form and return them along with your payment, in the attached return envelope, so that they arrive in our office **no later than 10 BUSINESS DAYS before the first day of class**. To register in person, bring the forms and payment to the Ankeny DMACC Campus, Building 19, Room 2.

**Late registrations:** If you miss the registration deadline, your spot may be given to someone else. Please call our office for availability or rescheduling options.

### **Accommodations:**

**Lodging** will be in double occupancy rooms. Linens and towels are provided. Room fees are included in the overall course fee. You will be expected to keep the area neat and clean, returning the facility to its initial condition prior to your arrival for the program. At no time are males or females allowed to enter the sleeping areas of the opposite sex. The phone number for EMERGENCY CALLS ONLY during the weekend is 515-223-1212. The Days Inn is accessible to the disabled.

**Meals** will be served on Saturday and Sunday only and are also included in the overall fee. There is no meal served on Friday night; you will have some light snacks.

Please indicate on the Registration Form any specific dietary or medical needs you may have. If you need other special accommodations, please notify us in advance.

### **What to Bring:**

You will be asked to show a **picture ID** upon arrival. If you do not have your Driver's License, you may use any of the following as long as they display your name and picture: work or school ID, business card, store or organization membership card, or passport.

**Personal belongings** should be kept to a minimum and will be your own responsibility. **Please do not bring anything of value, INCLUDING LAPTOP COMPUTERS, IPODS, MP3 PLAYERS.** Bring casual, comfortable clothing for the weekend, and personal hygiene items (toothbrush, etc.). You may bring snacks or cash to purchase snacks. **Do not bring electronic devices. Cell phones need to be shut off during class and at night.**

Your luggage will be searched upon arrival. You and your luggage will be subject to search during the program if there is any reason to believe you possess any type of contraband or have used alcohol or illegal drugs.

Please bring all prescription and non-prescription **medicine** you will need for the weekend. Medicine must be in the original pharmacy container with the doctor's prescription information attached. Non-prescription medication must be in the original container with the label attached.

### **Arrival and Check-in Procedure:**

If you do not have a current driver's license, please make appropriate transportation arrangements. If driving, you will be required to show a valid driver's license and surrender your car keys at the time of check-in.

Check-in begins at 5 p.m. on Friday evening with a breathalyzer test and luggage search. **Zero Tolerance is enforced.** Anyone arriving for class under the influence of alcohol or drugs will be dismissed and, if applicable, be subject to immediate arrest. You should abstain from drinking a minimum of 24 hours prior to attending the class.

The program begins promptly at 6 p.m. Any one arriving after 6 p.m. will be denied entrance to the program and referred back to the court. You will also forfeit your payment. For this reason, please ask your driver to stay until you are checked in.



### **Conduct:**

There will be a male and a female deputy sheriff on the premises from 10 p.m. to 7 a.m. both Friday and Saturday nights. They are here for your protection as well as to maintain order. Please feel free to contact them if you have any problems or concerns.

- No visitors will be allowed at any time.
- Cell phones may be used during breaks, but must be turned off during class and at night.
- Use of illegal, mood altering chemicals or illegal drugs will not be allowed.
- Smoking, or use of any tobacco product, will be permitted only in designated areas.
- Gambling activities will not be allowed.
- Weapons will not be allowed at any time.
- Loud, abusive, offensive, or disruptive conduct, language, or clothing will not be tolerated.
- No one will be allowed to leave the facility. During breaks/free time you must stay within eyesight of the building at all times.
- You must report to the sleeping area at approximately 10 p.m. following the evening sessions. "Lights-out" will be at midnight. You will not be allowed to leave the building between midnight and 8:00 a.m.
- You will be expected to respect the property rights of others and will be held responsible for any loss or breakage.

### **Successful Program Completion:**

A completion letter will be issued to you at the end of the class. **You are responsible for the distribution of that letter to your probation officer, the clerk of court, and/or your attorney** if necessary. DMACC will also electronically file your completion information with the DOT on the second business day after class.

### **Failure to Complete the Program:**

Any violation of the instructions contained in this letter or given by the instructors, program staff, or security personnel will subject you to dismissal from the program, notification of your probation officer or judge, possible charges of contempt or probation violation, and forfeiture of all program fees. All provisions of the court order will be enforced.

**If you will be unable to attend your scheduled weekend program, please call our office no later than 96 hours prior to check-in time to avoid forfeiture of program fees. Those leaving at any time during the program for medical or other emergencies will forfeit their payment and must call our office to reschedule the entire weekend program.**

**If you have further questions regarding this program, please contact our office at 515-964-6385.**



**DES MOINES AREA COMMUNITY COLLEGE  
OWI 1 WEEKEND PROGRAM  
Registration Form**

**Incomplete or illegible information may delay the completion report to the DOT.**

Program Date I reserved at DMACC: \_\_\_\_\_

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
                    Last                      First                      Mid. Initial

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No Iowa Resident \_\_\_\_ Yes \_\_\_\_ No

Ethnicity/Race:

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Asian

\_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_ White

Are you Hispanic/Latino \_\_\_\_ Yes \_\_\_\_ No

County of Arrest: \_\_\_\_\_ State: \_\_\_\_\_

FOR OFFICE USE ONLY

CRN \_\_\_\_\_ SAFE 705- \_\_\_\_\_



# Health Questionnaire

*This information is required for your protection and the protection of others. Pursuant to Section 2.7(1), Code of Iowa, your responses will remain confidential.*

Name: \_\_\_\_\_  
Last First Middle Initial

1. Are you currently ill? \_\_\_\_\_ If so, what is the illness and how long have you been ill?

2. Please list all current medications \_\_\_\_\_

3. Are you currently injured? \_\_\_\_\_ When were you injured? \_\_\_\_\_

Explain the type and cause of injury \_\_\_\_\_

4. Do you now have: \_\_\_Asthma \_\_\_Hepatitis B \_\_\_HIV/AIDS \_\_\_Diabetes  
\_\_\_Hepatitis C \_\_\_Seizures \_\_\_Heart disease \_\_\_HighBloodPressure\_\_\_Tuberculosis

Please explain: \_\_\_\_\_

5. Have you ever been treated for a mental condition? \_\_\_\_\_

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

6. Are you now, or have you ever been suicidal? \_\_\_\_\_

## **Please list any special accommodations needed:**

Medical/Disability \_\_\_\_\_

Dietary \_\_\_\_\_

Other \_\_\_\_\_

## **In case of an emergency, please contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **Release of Liability**

I, \_\_\_\_\_, in consideration of being allowed to participate in the Polk County Residential Program for OWI Offenders, hereby release, acquit, and forever discharge Polk County, its employees, officers and directors, and Des Moines Area Community College, its faculty, employees, officers and directors, from any and all liability whatsoever in connection with any injury or claim of any type or nature arising out of participation in the Program. This release includes, but is not limited to, claims for personal injuries, libel, slander, defamation of character, invasion of privacy, or any other claim or cause of action, whether based upon statute or common law.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Des Moines Area Community College shall not illegally discriminate on the basis of race, color, national origin, creed, religion, sex, age, or disability. Any inquiries may be directed to the EEO/AA Coordinator (515-964-6288).

