



WASHINGTON COUNTY COMMUNITY SERVICES

ADULT

INSTRUCTIONS

- 1) **ALL BLANKS** must be filled in on the Personal Information page.
- 2) Each of the following pages must be signed and dated.
- 3) Once all forms are completed, fax pages **1, 2, & 3** with a copy of your “Court Order” to the Community Services Office at (724)250-4007.
- 4) When you locate a NON-Profit Site or if assigned a NON-Profit Site by the Magisterial District Judge, **YOU MUST** have the “Site Information” (page **4**) completely filled out and faxed to the Community Services Office, **PRIOR** to beginning your community service.

NOTE: Community service may be performed at any NON-Profit Organization, Government entity, School, Church etc. The NON-Profit Organization must be able to provide their 501c Federal Tax Exempt ID Number on the “Site Information” form.

- 5) The Community Service Time Sheet, (page **5**) will serve as the official time sheet and shall be utilized to log all hours performed by the “Participant”. This form must be completed and signed by the site supervisor, as well as the participant, prior to submission. This form can be copied if you believe additional sheets will be needed. The “Community Service Report” may be submitted to the Community Services Office in person, mail or by fax.
- 6) Once **ALL** ordered hours are completed and submitted to the Community Services Office, the hours will be certified, recorded and a letter of completion will be promptly sent to the Magisterial District Judge.

If you have any questions regarding the completion and/or submission of these forms, or any questions about the NON-Profit status of a potential work site, please call the Community Services Office at (724)250-6563.



WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

ADULT

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Social Security No. ___ - ___ - _____ Date of Birth ___/___/___ Age _____ Sex _____

Are you a Veteran: No () Yes (). *If yes*, Branch of Service _____, Type of discharge _____

Address _____ City _____ State _____ ZIP _____

County _____ Township _____

Employment _____ Schedule _____

Home Telephone () _____ Work Phone () _____

Cell Phone () _____ Email address _____

EMERGENCY, CONTACT

First Name _____ Middle Name _____ Last Name _____

Relationship _____

Address (*same as above*) yes _____

Address _____ City _____ State _____ ZIP _____

Phone #1 () _____ Phone #2 () _____

MEDICAL INFORMATION

It is the responsibility of the Participant to inform the supervisor at your work site of any and all Physical and/or Mental Health Restrictions you may have. These restrictions may include, but are not limited to conditions such as allergies, injuries, disabilities physical or psychological. This notification will also apply to current medications you are currently taking with restrictions.

Always be aware of your limitations when choosing a work site.



WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

Guidelines for Community Services Program Participants

Once you locate a site to complete your community service, you must verify that it is a **501(c) NON-PROFIT ORGANIZATION**. You must then submit the completed **“NON-PROFIT ORGANIZATION - SITE INFORMATION”** form to the Community Services Office. This form **MUST** contain ALL of the following: **Name of Organization, 501 (c) Number, Address, Telephone Number, and Supervisor’s Name**. You will also receive a **“COMMUNITY SERVICES TIME SHEET”** form. You may need to make copies of the original to give to your future supervisor who will record your community service hours.

IT IS YOUR RESPONSIBILITY TO MAKE SURE WE HAVE RECEIVED YOUR COMPLETED HOURS FROM THE SITE. If you become disabled, due to illness or injury, you must notify this office and then submit a signed order from the attending physician of your disability - which should include a projected date of release to work.

Most agency sites are flexible with the hours they can provide. Once a schedule is agreed upon by you and the site, you must report as scheduled. It is your responsibility to notify the agency at which you are doing your community service of any problems. These include illness, work schedule changes, a change in your community service site, or any other reason for being absent.

If you are rejected from the program for non-compliance, your case will be sent back to the Magisterial District Justice for further action.

I have read the above guidelines and received a copy. _____
Signature Date



WASHINGTON COUNTY
COMMUNITY SERVICES DEPARTMENT

Waiver / Community Services Participation Agreement Of;

Name _____ (*Participant*)
(Print)

I WILL NOT make any claim against THE WASHINGTON COUNTY COMMUNITY SERVICES OFFICE, and/or THE WASHINGTON COUNTY COURT OF COMMON PLEAS and/or WASHINGTON COUNTY.

ADDITIONALLY I WILL NOT make any claim against the AGENTS or EMPLOYEES of THE WASHINGTON COUNTY COMMUNITY SERVICES OFFICE and/or, the AGENTS or EMPLOYEES of THE WASHINGTON COUNTY COURT OF COMMON PLEAS and/or , the AGENTS or EMPLOYEES of WASHINGTON COUNTY for whom I am working under in the Community Service Program, for injuries I may suffer while involved in the COMMUNITY SERVICE PROGRAM or for emergency or routine medical care I may need as a result of such injury, unless such injury is intentionally inflicted.

I ALSO UNDERSTAND THAT;

- I. I am giving up rights that may entitle me to payment in the event of an injury.
- II. I WILL NOT receive compensation in any form for work performed in the Community Services Program.

INTENDING TO BE LEGALLY BOUND, I SIGN BELOW.

Participant

Date

Community Services CS/FITS Personnel

Date



WASHINGTON COUNTY
COMMUNITY SERVICES DEPARTMENT

Non-Profit Organization - Site Information:

-ATTENTION -

This form must be completed and turned in prior to the submission of hours.

Please Print All Information Clearly.

PARTICIPANTS NAME: _____
(Please print)

Agency name: _____ Agency Tax Exempt No, _____
(IRS - 501c)

Agency Phone#: _____

Agency Address

THIS NUMBER IS
REQUIRED FOR ANY
NON-GOVENMENT
SITE.

ATTENTION SITE SUPERVISOR!

1. You must supervise Participant during all work - so hours can be verified.
2. You must complete report form at end of each work session.
3. You must maintain control of form until completed, signed and turned in to this office. Submit Report Form, at least, monthly (via Fax or Mail).
4. At no time sign blank Report Forms and allow Participant to access them.
5. Keep a copy of Report Form in the event this office calls to verify hours.
6. Any hours reported, not in compliance with these regulations will result in the rejection of hours on report!

Supervisor name

Supervisor Signature

You may Fax or mail this form to number / address below:

Community Services Program
Washington County Court System
Family Court Center
29 West Cherry Ave Suite 409
Washington, Pa. 15301
FAX (724) 250-4007



WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

Community Service Time Sheet

Participant Name _____ Phone No.: () _____

Agency: _____ Agency Phone No.: () _____

Supervisor (s): _____

(Print)

**ALL DATA ENTERED IN THE BELOW BOX, MUST BE COMPLETED BY THE
WORKSITE SUPERVISOR!**

DATE	TYPE OF WORK (DESCRIPTION)	TIME IN	TIME OUT	HOURS WORKED
TOTAL HOURS				

**BY SIGNING BELOW, I CERTIFY THAT ALL HOURS ABOVE ARE TRUE AND
CORRECT AND
ALL HOURS WERE PERFORMED AT A 501c TAX EXEMPT ORGANIZATION.**

Return completed C.S. Report Form to:
Community Services Office
Family Court Center
29 West Cherry Ave Ste. 409
Washington, PA 15301
Phone: (724) 250-6563
Fax: (724) 250-4007

SUPERVISOR SIGNATURE

PARTICIPANT SIGNATURE