



# WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

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**

Medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Company \_\_\_\_\_

Physical Restrictions \_\_\_\_\_

Mental Health Restrictions \_\_\_\_\_

**Are You Currently Taking Any Medication w/Restrictions** No ( ) Yes ( ) *explain:* \_\_\_\_\_

\_\_\_\_\_

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

## 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 THE 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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby give permission to the Washington County Community Services Program to release confidential information concerning myself to any agency for whom I may perform community service work. I understand that this information is provided so as to allow the agency to make an informed decision, regarding my acceptability for community service work.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Community Services CS/FITS Personnel**

\_\_\_\_\_  
**Date**



# 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) 3 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) 3 Number, Address, Telephone Number, and Supervisor’s Name**. You will also receive a **“COMMUNITY SERVICES REPORT”** 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. A **minimum of 30 hours per month** must be received by our office or you may be rejected from the program. If you become disabled, due to illness or injury, and unable to meet the 30 hour minimum, 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.

Our office has a Foreman-supervised Community Services Work Crew (C.S.W.C.) which you may utilize to complete your community service. To participate with the C.S.W.C., you need to report to the REAR of the Washington County Correctional Facility no later than 8:45 a.m. You are expected to wear proper clothing (old shoes, pants, and shirt) and provide your own lunch or lunch money for each day. We go out rain or shine except for county holidays when the office is closed.

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 “COURT ORDERED” community service hours as part of your sentence, you are also required to pay a \$35 Administration Fee, which shall be remitted to the County Treasurers office.

If you are rejected from the program for non-compliance, your case will be sent back to the referral agent (Magistrate, Judge, Juvenile Probation Office, Adult Probation Office, Clerk of Courts, Peer Jury, etc.) for further action.

I have read the above guidelines and received a copy. \_\_\_\_\_

Signature

Date



# WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

## Guidelines for FITS / CS Work Crew Participants

1. All PARTICIPANTS are expected to follow the FOREMEN'S instructions regarding work and conduct.
2. PARTICIPANT'S must report and sign in by 8:45am and will return approx. 3:00pm. Participant will receive Five hours credit per day.
3. Under no circumstances shall you leave the supervision of the FOREMEN unless you are directed or given permission to do so.
4. Being under the influence of ALCOHOL and/or DRUGS is strictly PROHIBITED while doing any community service. Additionally a breath sample may be requested.
5. Profanity, Obscene Language and/or Behavior etc. is strictly prohibited.
6. Physical contact between Participant and Foremen is prohibited.
7. No cell phones or headphones are allowed.
8. Visitation by friends and/or family is not permitted.
9. PARTICIPANTS shall stay with the project crew and are not permitted to leave the project site. Leaving the project site will result in action against the Participant.
10. PARTICIPANTS should make the Foremen aware of any medical issues or limitations before the start of the project.
11. PARTICIPANTS must wear safety items (vest, glasses, etc.) when directed and safety glasses will be worn at all times when using any tools.
12. Break times will be determined by the Foremen
13. If a problem arises between two PARTICIPANTS, the Foremen will handle it. PARTICIPANTS SHALL NEVER handle conflicts/problems themselves.
14. PARTICIPANTS are not to ask for personal favors.

I understand that failure to follow the above set of rules can result in removal from the community services program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## WASHINGTON COUNTY COMMUNITY SERVICES DEPARTMENT

### **Alcohol Test Warning FITS / CS Work Crew Participants**

**BE ADVISED!** Being under the influence of Alcohol and/or Drugs while in the performance of Community Service through this department is strictly **PROHIBITED**. This shall include illegal and/or prescription drugs.

In the case of prescription medication, a foreman shall be made aware that you are being medicated under a doctor's care. If determined that said prescription prohibits the use of machinery and the operation of a motor vehicle, you will be removed until you are finished with the medication. A release may be requested from the treating physician. This shall also include "Over-the-Counter" medications, containing the same warnings.

If it is suspected that you may be under the influence of Alcohol, you will be requested to give a breath sample (AlcoBlow, AlcoCheck, ect...). Refusal to submit a sample will result in the immediate removal from ALL Community Services Programs.

Random sampling may also be requested at the discretion of the foreman. This will be administered in a non-discriminatory fashion. Refusal to submit a sample will result in the immediate removal from ALL Community Services Programs

I understand that failure to follow the above set of rules can result in removal from the community services program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name