



Five County Community Action

A Program of Five County Association of Governments

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COMMUNITY SERVICE INTAKE AND AGREEMENT FORM

Name _____

Please describe any disabling condition which would inhibit your ability to volunteer?

Court Case # _____

Required hours of service _____

Court Completion Date _____

Please describe the reason for your arrest / fines or other circumstance which caused you to be court-ordered to do community service through Five County Community Action:

Court Name _____

Court Contact / PO (if any) _____

Driver's License/ID # _____

What languages do you speak? _____

Are you currently homeless? (living in a shelter, evading domestic abuse, or living in any environment not intended for human habitation)?

****Volunteer Responsibility Statement****

Do you have transportation?

I understand when I am serving at a volunteer station that I am responsible to bring my own food, water, transportation, medication, sun block, hat, gloves, cash and any other appropriate supplies needed in the performance of this community service assignment. It is also my responsibility to call the agency to determine what is needed for the assignment before I show up to work there.

Please indicate the day/time you are available to work toward your community service (leave blank if not sure):

Monday		Tuesday
Wednesday		Thursday
Friday		Saturday
Sunday		
Morning	Afternoon	Evening

Neither the Five County Community Action nor the non-profit agency to which I may be assigned are responsible to provide these items for my Court-ordered Community Service.

Work/Volunteer Experience

I have read and reviewed the Rules and Regulations AND I certify the above information is true and complete. I understand I will receive a copy of all documents for my records.

Volunteer Signature

Date

Director/Interviewer

Date

This form will be kept STRICTLY CONFIDENTIAL

Court Ordered Community Service Rules and Expectations

AS ORDERED BY THE _____(court name) COURT, I AGREE TO PERFORM _____(# of hrs) HOURS OF UNPAID COMMUNITY SERVICE BY _____(date) FOR A 501-C3 NON-PROFIT ORGANIZATION OR GOVERNMENT AGENCY. I AGREE TO AND UNDERSTAND THE FOLLOWING CONDITIONS:

- **I understand there is a processing/application fee for my participation in this program.** If I am required to perform fewer than 50 hours, the fee will be \$1.00 for every hour. If am required to perform 50 or more hours, there is a \$50.00 fee. If I do not make any sort of payments towards my fee within the first seven business days of signing up for the program, an additional \$5.00 late fee may be added.
- **I understand I am required to:**
 1. Call and setup an appointment with an agency before showing up to volunteer.
 2. Be on time according to my appointment.
 3. Perform duties as assigned at the volunteer station.
 4. Notify the office/supervisor if running late or unable to show up for appointment.
 5. Arrive at the volunteer station sober and refrain from alcohol or drugs usage.
 6. Abide by the volunteer responsibility statement (do not ask agencies for food, water, transportation, etc.)
- **I understand I am required to begin my community service hours within seven (7) days of signing up AND must serve 10 hours per month minimum until completed.** The agency I am referred to will work with me to arrange a schedule to allow me to complete my hours of service in a timely manner.
- **I understand I am to perform monthly check-ins by bringing in, or emailing my time sheet with all my hours served to Community Action at least once in each calendar month.** All hours submitted will be documented and kept in my records. If I fail to check in regularly I may be subject to referral back to the courts. I may also be required to pay an additional \$10.00 processing fee if I then wish to continue with this program.
- **I understand that all my service hours will be done with a certified and approved non-profit/public organization, and any work hours done with an agency not approved by 5 County, WILL NOT be counted towards my case.** If I wish to work with an agency that is not listed on the COCS agencies list, I will contact the program coordinator and request approval BEFORE volunteering.
- **If I do not complete my work assignment by the court due date I will contact the court directly** to seek any extension of time and submit all my time sheets to Five County Community Action.
- **I understand no Workers Compensation Insurance or other benefits will be provided.**
- **I understand neither Washington County, Five County Association of Governments, Five County Community Action, nor the volunteer agency will be held responsible for any accident caused by me or to me during the performance of my volunteer service.**
- **If there is an issue with any non-profit agency, I agree to contact the Program Coordinator immediately.**
- **I understand that the Community Service Time Sheet shall not be modified or tampered with.**
- **I understand my failure to comply with any or all of these conditions may result in termination and referral back to the sentencing judge and courts.**

As a Court-ordered Community Service Program volunteer, I agree to indemnify and hold harmless the Five County Association of Governments, Five County Community Action, its employees, and agents from and against all claims, demands, causes of actions of every kind including death, bodily injury to person or damage to property arising out of or in connection with the performance of this Agreement, except where such injury, death, or damage has resulted from negligence of the Five County Community Action, its agents or employees. I shall defend all suits brought upon such claims and pay all costs and expenses incidental thereto. Additionally I serve "at will" with the agency I'm volunteering with.

I have read the above conditions and agree to abide by them.

Client Signature:

Date:

Interviewer Signature:

Date:

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