



Franklin County Adult Probation Department

Court of Common Pleas - 39th Judicial District of Pennsylvania

440 Walker Road

Chambersburg, Pennsylvania 17201-9798

Community Service Agreement

I, _____, having been convicted, sentenced, or placed on the ARD Program and understand that I have been ordered by the Court to perform _____ hours of community service work as a condition of this disposition. While performing community service, I agree that I am not an employee of the County of Franklin and therefore am not entitled to wages or employee benefits including workmen's compensation insurance coverage. I agree that I must make arrangements to perform my required community service at an agency that provides Human Services to the community. The agency I chose must be a non-profit, not-for-profit, government or community based agency which will not use my services for political motives, religious motives, or personal gain. I will perform the assigned task to the best of my ability. I will be courteous, cooperative, and reliable and I will obey all work site rules and directions while performing community service.

I will complete the required hours of community service at an acceptable work site by or before the half-way point of the period of supervision for the specific case which I am ordered to perform community service. I am responsible for ensuring that a record of my hours is accurately maintained by the work site and for providing documentation of my work progress and hours to my probation officer, in order for me to receive credit for any hours worked. **Initials** _____

I will arrive at the work site at the scheduled time and will not deviate from the agreed upon work schedule unless it is a circumstance beyond my control. I will notify my work site supervisor prior to my scheduled arrival time when this occurs. I will **not** arrive at the work site under the influence of any drug(s) and/or alcohol, nor will I possess a weapon of any kind. I will maintain safety at the work site and will take care of any tools and/or equipment issued to me. I will provide my own transportation to and from the assigned work site.

I will notify my supervisor immediately of any injury I may sustain while performing community service hours at the work site. I will also notify the Community Service Coordinator of any injury within 24 hours of the accident/injury and will provide proof that the injury was related to the performance of my community service hours. I agree that a fee of \$5.00 to be applied to an accident/medical expense policy for the Community Service Program will be charged unless I am able to demonstrate that the fee will cause me undo financial hardship.

I agree that if I am terminated from the program, I shall not receive any credit for my hours previously completed on the program. I understand a violation of these terms and agreement and/or unsuccessful completion of the Community Service Program will result in my termination from the program constituting a violation of my probation/parole/intermediate punishment rules and conditions.

I authorize the Probation Department to release information regarding my medical, criminal and/or social history as well as substance abuse/use problems to any community service placement agency or governmental agency to which I may be referred for placement to complete my Court ordered community service hours. It is my understanding that this release is to provide the agency with information that may be relevant in their decision to accept or reject my referral to their agency. I further understand that a general authorization form is not sufficient for the purpose of releasing information that includes mental health information, HIV related information, or certain substance abuse information. Pennsylvania law prohibits any further disclosure/re-disclosure of this information unless further disclosure has been expressly permitted by my written authorization or is otherwise permitted by law. **Initials** _____

The above has been explained to me and I agree to comply with all of the provisions of this agreement. I have read the agreement, fully understand it and the penalties should I violate these conditions. I agree to complete the community service ordered by the Court in accordance with this agreement. I have been provided with a copy of this agreement this date.

Participant

Date

Probation Officer

Date

Note: You must provide a copy of this form to the Agency where you choose to perform your Community Service.

Telephone: 717-264-6613

Payment Division: 717-264-8413

Pre-Release: 717-264-8153

TDD: 717-264-8474

FAX: 717-264-8934