



Franklin County Probation Department Community Service Program
Time Sheet and Participant Evaluation

Participant's Name:
Community Agency/Site:
Agency Address:
Supervisor / Contact:

Phone No.:

Nature / Type of community service work performed:

Agency- Please complete this form and return it to the Community Service Coordinator at 440 Walker Road, Chambersburg, PA 17201. Participants will not receive credit for hours completed without this documentation.

Summary of Community Service hours completed [Total Hours ordered : ]
Table with 6 columns: Date, Hours completed, Supervisor's Signature, Date, Hours completed, Supervisor's Signature. Includes a Total hours completed row.

Please comment on the participant's attendance and overall performance while working with your agency:

Act 1 - 1992 of February 12, 1992(42 ' 8340 Judiciary and Judicial Procedure)

Any probation officer or agent of the Pennsylvania Board of Probation and Parole and any public service or charitable agency or organization or political subdivision, or an official or employee thereof, supervising or administering any restitution or community service program approved by the court of common pleas or the Pennsylvania Board of Probation and Parole shall be immune from any civil action for damages brought by or on behalf of any person involved in the program or damages caused by any person involved in the program.

Waiver and Release: In consideration of the permission granted to me to participate in a community service work program as part of an alternative sentence, I hereby for myself, my heirs, and my administrators, release and discharge the placement agency/organization to which I am assigned, their employees, agents and officials from all claims, demands, and actions for injury sustained to my person and/or property during my participation in the Community Service Program.

- I certify that I am physically capable of participating in the Community Service Program involving uncompensated physical labor as ordered by the Court. If there are any medical or physical considerations which may preclude me from performing tasks related to my Community Service, I will immediately cease the activity and notify the Agency Supervisor and the Community Service Coordinator of my inability to perform these tasks.

I have read or have had read to me this form and understand the foregoing terms, conditions and waiver and release.

Site Supervisor's Signature Date Participant's Signature Date

WARNING: FALSE REPORTING OF PUBLIC SERVICE HOURS IS A MISDEMEANOR AND IS PUNISHABLE UNDER COMMONWEALTH LAW.