

OSCEOLA COUNTY PROBATION

Community Service Work Agreement

Pursuit to the court's order in my case, I agree to perform _____ hours of community service through the Osceola County Probation Office. I agree to abide by the following conditions:

- 1. I understand that I will be required to do my community service at an agency that I pick on my own or off of the list provided to me by my probation officer. I understand that my probation officer must approve my worksite prior to me starting.
- 2. I understand that all of my community service hours must be completed by the due date. In the even that I do not successfully complete all of my assigned hours by the due date provided to me, I understand that I am violating my court ordered conditions.
- 3. I understand that I am responsible for providing my own transportation to and from the community service worksite. I further understand that tardiness and/or failure to report to the worksite as scheduled may be cause for dismissal from the worksite and possible violation of my condition.
- 4. I understand that I am not permitted to leave the community service worksite at any time during the day until I have been dismissed by an agency representative or my probation officer.
- 5. I understand that while at my community service worksite, I will be under the direct supervision of an employee of that agency and that I must perform assigned duties promptly and cooperatively.
- I understand that use and/or possession of alcohol or drugs at a worksite is strictly prohibited and reporting to work under the influence of alcohol and/or drugs will result in immediate dismissal from the worksite and a violation of my court order condition.
- 7. While at the community service worksite, I will wear appropriate attire as dictated by the worksite. If I fail to dress appropriately, I further understand that this may be a cause for dismissal from the worksite.
- 8. I understand that the possession of any weapon (including pocket knives or box cutters) at a community service worksite will result in immediate dismissal from the worksite.

- I accept full responsibility for all medical expense due to an injury or illness incurred while conducting community service. I also attest to the fact that I have no health problems that would hinder or be aggravated by conducting community service.
- 10. I understand that I must report all injuries to the community service agency representative and my probation officer immediately. I also understand that if I refuse medical treatment that I must sign a medical treatment refusal form in order to resume my community service. I understand that tin the even that I am injured and seek medical treatment that I must provide the worksite with documentation from the doctor or medical facility stating that I am medically cleared to return to work.
- 11. I agree to exercise extreme caution and follow common rules of safety while performing my community service hours. In cases in which I am requested to operate equipment that I may not be familiar with, I will obtain proper instruction form the agency representative.
- 12. I understand that harassment fraternization, and/or bribery of any kind at the community services worksite is not acceptable. I understand that if I engage in this type of behavior, I am subject to immediate dismissal from the worksite. If I am subject to such behavior, I will immediately report it to my probation officer.

I have read the above conditions and fully understand my responsibilities while completing my community service hours. I also understand that violation of any of the above conditions may cause a revocation of my case.

Client Name (Print)

Probation Officer (Print)

Client signature

Date

Probation Officer Signature Date