



DOUGLAS COUNTY COMMUNITY SERVICE WORK PROGRAM
EXPECTATIONS AND WAIVER AGREEMENT

Community Service Work Office
Jason Pike, CSWC
Judicial & Law Enforcement
Center
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Name: _____
First Middle Last

DOB: _____

Case #: _____

1. In consideration for being allowed to participate in Douglas County Community Service Work (CSW) program, I release Douglas County and the sponsoring agencies from any liability for damages resulting from injury to myself or my personal property while participating in this program. _____

2. As a Community Service Work client, **it is my responsibility to:**

- **Receive approval from the CSW Coordinator (or designee) for my chosen agency before beginning my CSW or before changing placement. I understand that hours completed at an unapproved agency will not be credited.** _____
- Complete my assigned hours. Failure to contact the agency supervisor approved by the CSW staff within the specified amount of time may result in termination from the community service work placement & I understand that the Community Service Work Coordinator cannot grant extensions and that I must go to the referral source i.e. (Prosecutor, DA, Probation) that assigned me the CSW to request an extension. _____
- Make sure my CSW hours are verifiable by the placement agency. If my hours are not verified by the approved placement, my hours will not be accepted. _____
- Show appropriate attitude, dependability, behavior, and abstain from discriminatory behaviors and refrain from the use of technological devices during my work and free from the influence of drugs and/ or alcohol. The agency will evaluate my performance, if the agency gives me poor ratings, I may not receive full credit for work performed. I agree to perform all work tasks assigned by the agency except any which I deem unsafe and/ or hazardous, in which I will notify the CSW staff within two business days. _____
- Submit a copy of my time sheet or other documentation agreed upon by the CSW staff either following the completion of all my assigned hours or sooner/more frequently if instructed by the Coordinator. If I fail to submit documentation, I will not receive credit for CSW or if I fail to keep a copy of any documentation I submit for my own records I understand that in extenuating circumstances credit for CSW could be lost. _____

3. During guided field projects with the Community Service Work Department, **It is my responsibility to:**

- Follow precisely, any directive given by CSW staff except any which I deem unsafe/hazardous & complete only assigned tasks & perform no task which could negatively impact the success of the field project & Aid actively in the full completion of the assigned guided project.

ONLY FOR DG CO DISTRICT COURT CLIENTS DOING CSW FOR FINES/COSTS: [*10 Hours by the 10th of each Month*]

I have chosen to participate in the CSW Program as a means of reducing my financial obligation to the courts. By choosing this option I will receive either \$5 or \$7 credit for each hour completed. This credit will be applied each month toward my total debt owed to the court. I will be expected to perform and submit a minimum of 10 hours by the 10th of each month in order to remain in good standing with this program. Failure to maintain in good standing could result in being removed from the program and all remaining financial obligations owed may revert to collection by the District Court Trustee's office. I have read and understand I must return my timesheet to the CSW office by the 10th of each month to get credit for work done. I also understand if I do not meet the minimum of 10 hours assigned by the CSW staff each month, I may lose the privilege of performing CSW in lieu of cost. _____

I have read, have been informed, and understand the rules and expectations of the community service work program, the waiver and release of rights to and/or claims for damages arising from personal injury or property loss and understand the consequences and penalties if I fail to follow the community service work program requirements.

Signature: _____ Date: _____