

63360 Britta St. Building One Bend, OR 97703 Tel: 541-388-6671 Fax: 541-383-0165

Youth Name	Case #	Risk level: L M H		
Offense/s	Assigned CJO			
I, the above-named youth, agree that I will comple	ete:			
(CS) hours of Community Service	OR (FS) he	ours of Fresh Start*		
Community Service Completion Date:				
*I understand my participation in the Fresh Start program is volunt directly to my victim(s) at a conversion rate equal to the current Or				
Youth Signature		Date		
Name of Insurance Company		Plan or Policy Number		
Name of Family Physician		Family Emergency Contact Number		
Youth Medical and/or Allergy Conditions (please interfere with youth's ability to perform communications)	•			
MEDICAL AND MEDIA RELEAS My child has permission to participate in the Community Servic my child and myself, I agree to hold harmless, the State of volunteers from any and all claims, damages or liabilities ar Community Justice to obtain medical, dental or other emergence	e / Fresh Start program u FOregon and Deschutes ising from my child's pro	until all service hours ordered in this case are completed. For County and it's respective officers, agents, employees and ogram participation. I authorize Deschutes County Juvenile		
I understand that the media may highlight Juvenile Commun participating in the program, and further authorize Deschutes C child, as well as verbal and written reports involving my child as	County Juvenile Communit	y Justice to make such use of and release photographs of my		
I do not want my child photographed while participating in the	he Community Service Pro	ogram.		
Family / Legal Guardian Signature	Phone Number			

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Community Service Rules

SIGN UP/CANCELLATION

Please call your CJO, Monday-Friday between 8 a.m. and 5 p.m. to sign up or to cancel community service. You may sign up for three (3) days at a time. You must cancel before your scheduled day or no later then the Friday <u>prior</u> to your scheduled weekend work day.

RESTORATIVE COMMUNITY SERVICE

Our primary goal is to provide a safe and supervised community service program that enables youth to give back to their communities and repair the harm caused. Youth will perform a variety of service projects in various community settings. Therefore, it is very important that you understand and cooperate with the rules and expectations listed below. You must obey all local, state and federal laws while participating on crew.

PROGRAM RULES

Please review and sign below. Contact the Community Service Program Supervisor at 541-322-7650 if you have any questions.

Report for CS at 8:55 AM at your assigned pick up location: Bend- 20350 Poe Sholes Drive

Redmond-737 SW Cascade Ave **La Pine-**51640 S. US. Hwy 97

- Youth will be returned to the pick up location by approximately 3:00 PM +/- 15 minutes. Please have family or other transportation arrangements made.
- Youth who show up for CS and are not signed up may be turned away.
- Physical contact with other youth, disrespectful behavior and/or foul language is not allowed.
- Bring work gloves and weather–appropriate clothing and work shoes.
- Please bring a lunch and beverage in an unbreakable container (no other items permitted).
- Youth are graded daily in 5 areas: (work effort, attitude & behavior, following directives, observing safety rules & respect for peers/staff). Youth can earn 1 hour of extra credit or lose 1 hour of credit for every 3 hours worked based on performance.
- Youth may be suspended and immediately removed from crew without warning for serious behavior infractions including any act of violence, open defiance towards staff, refusal to follow safety procedures, etc.
- To ensure your safety and the safety of others, the following items/behavior are not allowed on CS:
 - Sandals / open toed shoes
 - Tank tops, sleeveless shirts, shorts, short pants or cutoffs
 - Firearms, knives or weapons of any kind
 - Head phones or earbuds, taking videos or pictures
 - Matches, lighters, tobacco, or vapes of any kind
 - Cell phones are only to be used on authorized breaks

ATTENDANCE POLICY

- 1st CS No-Show......Documented in file, CJO notified.
- 2nd CS No-Show.......Youth and family receive calls from Juvenile staff.
- 3rd CS No-Show.......Youth privileges may be revoked! Family meeting required.

Family Member / Legal Guardian Signature	Date	Youth Signature	Date

Distribution: Original to Case File (CJO); Copies to Youth (1) and scan or deliver a copy to Administrative Assistant (AS)