

**COMMUNITY SERVICE AGREEMENT**  
**VALLEY COUNTY COURT SERVICES**

**Name:** \_\_\_\_\_ **Case No:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date to be Completed by:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

(Please initial that you understand and agree to the following community service terms.

- \_\_\_ 1. I accept my community service commitment voluntarily, and I agree to complete my hours within the time ordered by the Court.
- \_\_\_ 2. I consent to the release of information regarding my criminal record to work sites if necessary only for the purpose of placing me with a work assignment.
- \_\_\_ 3. I understand that it is my responsibility to contact an approved work-site that is a non-profit with a 501(c)(3) or a government organization. **Online Community Service will NOT be accepted.**
- \_\_\_ 4. I understand that I am responsible to keep any arranged work schedules made with the work site.
- \_\_\_ 5. It is my responsibility to maintain a record of hours worked and report them to the Community Service Coordinator for verification on, or before, my deadline as set by the Court and/or indicated above.
- \_\_\_ 6. I understand that hours worked and/or any corrections must be documented on the time sheet and signed by the work site supervisor.
- \_\_\_ 7. I understand that NO community service work for a family member is allowed NOR are family members allowed to sign my time sheet.
- \_\_\_ 8. I understand that the use of DRUGS and ALCOHOL WILL NOT BE TOLERATED while performing community service.
- \_\_\_ 9. I understand that on the job I will be neat and clean in appearance. My language and behavior will be polite and considerate. I will follow the work site's rules and supervision.
- \_\_\_ 10. I understand that I will not receive any kind of payment for community service work.
- \_\_\_ 11. I understand that I am responsible for my own transportation and child care.
- \_\_\_ 12. I am required to pay a Community Service Fee of \$0.60 per hour of Community Service for Workman's Compensation Insurance, which is included in my Court/Program fees/fines.
- \_\_\_ 13. I understand that I must report any physical or mental condition or impairment which might limit opportunities for community service. If any, please list. \_\_\_\_\_
- \_\_\_ 14. I understand that failure to abide by any of these terms may result in termination from the assignment, a report to the Court and/or an affidavit for Probation Violation filed with the Prosecuting Attorney.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete and return to:** VC Community Service 550 Deinhard Ln McCall, ID 83638 / steveryan@co.valley.id.us