



# **POLK COUNTY**

820 SW CHURCH ST SUITE 100 ★ DALLAS, OREGON 97338-5326  
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**COMMUNITY CORRECTIONS**

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**JODI MERRITT**  
DIRECTOR

**LEE WARREN**  
SUPERVISOR

## **Polk County Community Service Sign-up Instructions**

**Phone: (503) 623-5226**

- 1. Turn in the sign-up sheet (Liability Waiver) to the Probation Office.**
- 2. Report to 820 SW Church St., Dallas, no later than 7:45 A.M. We run Community Service crews 7 days a week, excluding holidays.**
- 3. Work at least 16 hours per month.**
- 4. Pay the \$40.00 Community Service fee before the completion of Community Service hours.**
- 5. Failure to perform the minimum amount of Community Service each month may result in sanctioning by your Probation Officer or the Court.**

# POLK COUNTY COMMUNITY SERVICE WORK INFORMATION/REQUIREMENTS

**Reporting:** Report to Polk County Community Service at 820 SW Church Street Suite 100, Dallas, OR, no later than 7:45 AM Monday through Sunday. We are open every day of the year except Holidays. Late arrivals will not be allowed to work that day. **Be prepared to work eight (8) hours.**

**Dress Code:** You most likely will be working outdoors so long trousers/jeans, work shirts and proper work shoes are required. If you are wearing sandals, flip-flops, shorts, sweat pants, tank tops, or inappropriate clothing you will be sent home. **RAIN GEAR WILL NOT BE PROVIDED.** Rain gear, work gloves and warm jackets are recommended during inclement weather. Gloves will only be provided for safety purposes. **For safety reasons, no one will be permitted to listen to music or have headphones / earbuds in while working.**

**Lunch/Medications:** Bring a lunch and any needed medications; for example, sunscreen, allergy medication, aspirin, cold medication, etc. All medications will need to be in the original container. There will be no medication sharing, even over-the-counter medications. Once work crews leave at 8:00 AM, they do not return until the end of the work day (usually after 3:30 PM).

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## RESPONSIBILITIES

**1. Attendance and Reporting:** It is the community service worker's responsibility to arrive at the appropriate work site at the correct time and on the dates agreed upon. **Leaving the job site early without permission or previous approval will be treated as a violation of the community service rules and no credit will be given for that day.**

**UNLESS SPECIFIED BY THE COURTS OR COMMUNITY CORRECTIONS A MINIMUM OF 16 HOURS MUST BE PERFORMED EACH MONTH IF EMPLOYED FULL TIME. IF NOT EMPLOYED, A MINIMUM OF 32 HOURS MUST BE PERFORMED EACH MONTH.**

**2. Work Ethic:** Community service workers are expected to conduct themselves as though they are employees. They are to do their work in a timely and efficient manner, taking breaks and lunch when the Crew Leader says it's time.

**3. Signing in:** You are responsible for assuring the Crew Leader has signed you in properly. **Only use full name as recorded on court records.**

**4. Drugs and Alcohol:** Under no circumstances is any community service worker to consume alcohol or be under the influence of any illegal substance while working for Polk County Community Service.

**5. Community Service Work:** This position is physically demanding. You may be expected to lift up to 30 lbs. and stoop and bend all day long. **If you have physical limitations, a doctor's written note specifying your exact restrictions or limitations is required; an expiration date, renewal date, or next scheduled appointment date is also required to be included.** Provide the doctor's written note to the Community Corrections office prior to your scheduled work date.

**6. Tobacco:** Tobacco or Vaping is only allowed when the Crew Leader allows it. No Smoking or Vaping is allowed on County Grounds. You will be subject to sanctioning and/or criminal prosecution if you are found to supply contraband to inmates. This also includes lighters and matches.

**7. Electronics:** Cell phones will be shut off completely while working, not placed on vibrate, and will only be used when authorized by the Crew Leader. **Do not** bring any video games or headphones / earbuds.

**8. Injury:** If injured on the job you will report the accident immediately to the Community Service work site Crew Leader.

**NOTE:** Any violation of rules/responsibilities involving your community service obligation may result in **NO CREDITY** for the day and may be reported to your Probation Officer and/or the Court for sanctioning.

I have read and understand the above information: Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# POLK COUNTY COMMUNITY SERVICE WORK WAIVER OF LIABILITY

Charge(s): \_\_\_\_\_

Case #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

In Case of Emergency, Notify (Name/Phone): \_\_\_\_\_

The person named above, hereinafter referred to as “volunteer”, hereby acknowledges and declares that he or she is participating in a volunteer program for Polk County in order to meet the community service requirements of a state court ordered sentence. While volunteer has been ordered by the State of Oregon to perform community service, volunteer is under no legal obligation to volunteer his or her services for Polk County rather than for some other organization. Additionally, volunteer understands that he or she has the option of refusing to perform community service and to request that the state court, which sentenced them to perform community service work, impose a different type of sentence. Polk County deeply appreciates this public service, and in consideration for volunteer opting to perform community service through Polk County, volunteer hereby agrees to the following:

1. Working on a public project (including, but not limited to, improvement or maintenance of roads, bridges, parks, fairgrounds, or other public facilities) involves some degree of risk, some of which cannot be eliminated due to the nature of the work. Except with respect to injury or damage negligently inflicted by employees of Polk County, the volunteer does hereby forever release, discharge and acquit Polk County and its officers, agents and employees from any and all claims for death, personal injury or damage to property of any nature which may arise from or in connection with his or her participation in this program.
2. Volunteer recognizes that if he or she requires medical assistance while participating in this program, volunteer gives consent to Polk County to arrange for any first aid or ambulance service if an employee or agent of Polk County is in a position to do so.
3. Volunteer agrees that his or her service is subject to Polk County's Community Service requirements and to abide by guidelines explained to him or her by the person designated as supervisor of the program.
4. Volunteer agrees not to use county-owned vehicles, and to use his or her personal vehicles only when travelling to and from the place where performing volunteer service.
5. The person named above recognizes that he or she is acting as a private and gratuitous volunteer in this program, not as an employee, agent or contractor of Polk County.

Volunteer certifies that he or she has read this agreement and fully understands its contents and freely and voluntarily assumes the risks of participating in the Polk County Community Service by signing below.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Criminal Information

Current Conviction(s): \_\_\_\_\_

Case Number: \_\_\_\_\_ Hours Ordered: \_\_\_\_\_

Co-Defendant(s)/No Contacts: \_\_\_\_\_

## Employment Information

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Days/Hours per week: \_\_\_\_\_

Special job skills: \_\_\_\_\_

## Health Information

Are you seeing a doctor for any health problems: \_\_\_\_\_

Any health problems/surgeries/prescriptions that may impair your ability to perform

CSW: \_\_\_\_\_

Current Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have medical insurance: \_\_\_\_\_ Insurance name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date