



Hands On Inland Empire
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Alternative Sentencing Community Service Agreement

Client Name: _____

•After being advised by the Court of the community service hours, I voluntarily agree to perform _____ hours of unpaid community service for a nonprofit agency. I agree to abide by the following conditions of the program.

1. A schedule will be arranged for me that is agreeable with me and with the assigned agency. This schedule will enable me to complete the community service hours prior to the assigned "due date" (_____). The schedule can be altered with the permission of *Hands On Inland Empire* or the agency supervisor. Failure to comply with this schedule, i.e., "No Show" or "Tardiness", can result in the termination of the assignment. _____ (initial)

2. If I do not complete my assignment and plan to get an extension, I will bring my timesheet and an additional \$60 to the *Hands On* program office before the above stated due date. I understand that extension forms must be presented to *Hands On Inland Empire* within 10 days of being issued by the Court. _____ (initial)

3. I understand that my case will be closed on the court date if I have not completed my community service hours and cause a new processing fee to be charged. If my case is closed before 30 days of reinstatement, a fee of \$65, per case, will be charged to me. After 30 days, another \$90 intake fee, per case, will be charged to me and is non refundable. _____ (initial)

4. Should my contribution of services be unsatisfactory as assessed by either the agency supervisor of *Hands On Inland Empire*, the assignment will be terminated without refund. _____ (initial)

5. As a volunteer, I understand that I am not an employee of the Court, the County of San Bernardino, *Hands On Inland Empire*, Inland Empire United Way or the nonprofit organization to which I am referred. I understand that in the event of an injury, there is no medical insurance, liability, disability, worker's compensation insurance or any other benefits or entitlement due to me by the Courts, County, Hands On program, United Way or the nonprofit organization. _____ (initial)

6. I agree to give the nonprofit agency my timesheet to record the days and hours volunteered. I will return this timesheet to the *Hands On Inland Empire* program office as soon as my hours have been completed. _____ (initial)

7. I agree to inform the *Hands On* program of any changes, of my inability to continue hours, if leaving town, of any change in my due date(s), any extensions or change of address or telephone number. _____ (initial)

8. If I do not appear at the agency to complete my hours and it is necessary that I be reassigned to another agency, or I should loose my timesheet, I understand that I will be charged an additional \$65, per case number, payable prior to re-assignment. _____ (initial)

9. I understand that should I be granted an extension by the court, an additional \$60, per case number, payable prior to my original due date must be paid to the alternative sentencing program. _____ (initial)

10. If I do not complete my hours within the completion period and/or do not advise the *Hands On* program of an extension date, I understand that I will be considered a "new case" and will be required to pay another \$90 processing fee, per case number. _____ (initial)

11. I have read, or had read to me, the conditions under which I will be assigned to an agency and the conditions of this assignment. I fully understand that my failure to comply with the above conditions will result in the termination of the assignment and the referral of this case will be returned to the sentencing judge for an appropriate disposition. _____ (initial)

12. I understand that the *Hands On Inland Empire* program does not issue refunds under any circumstances. _____(initial)

SPECIAL CONDITIONS: _____

SIGNATURE: _____ WITNESS: _____

IF MINOR,
PARENT SIGNATURE: _____ DATE: _____