

**Norwalk Municipal Court
Community Service Work Program
Behavior Contract**

I, _____ agree to participate in the Community Service Program and work _____ hours of Community Service. I understand that I will receive no pay for this work.

I also agree to the following conditions:

1. Be at work each scheduled day on time.
2. Report to work regardless of weather; Program Coordinator will contact you if work is cancelled.
3. Bring your lunch – you cannot leave the work site.
4. Dress appropriately for the weather.
5. You must provide your own transportation to and from the work site.
6. No friends or personal phone calls while at work site, unless it is an emergency.
7. Remain in assigned work area at all times except with permission of work Supervisor.
8. Treat all equipment with care.
9. Do not take any property from work site.
10. Respect my Supervisor and Co-Workers.

I will call the Program Coordinator at (419) 668.1616 press 3 and Work Site Supervisor, a day ahead of time if unable to work. Other appointments i.e. doctor, dentist, counseling etc. should be reported to the Program Coordinator and Work Site Supervisor before the scheduled work date.

Any non-compliance may result in termination from the program

I will obey all work instructions of work supervisor, perform the duties assigned to me to the best of my ability, and comply with all requirements of this behavior contract.

Any questions or problems are to be referred to the Program Coordinator at (419) 668.1616 press 3.

Participant

Date

Community Service Work Program
For Norwalk Municipal Court
Huron County Juvenile Court
2 E. Main Street
Norwalk, OH 44857
(419) 668.1616

Community Service Program

Participant Consent Agreement

I, _____ being _____(age), do hereby certify that I have seen and had explained to me, with an opportunity to ask questions, the terms and conditions of the Community Service Work Program, including but not limited to a schedule of work hours, work conditions, authority of work site Supervisor, and Huron County Juvenile Court Services, expected behavior pattern and further that I accept these responsibilities.

In consideration of my opportunity to participate in the Community Service Work Program, I hereby waive any right of action against the Community Service Work Program Community Service Worksite or the County of Huron, or the City of Norwalk, and the State of Ohio, for any injury that I might suffer as a result of my connection with the Program. I sign the consent form herein understanding that I have the right to legal counsel present and understanding that by signing this document I waive said right.

Date

Participant

Witness

Emergency Medical Authorization

(Participant's name)

(Address)

A. CONSENT FOR MEDICAL TREATMENT

Physician's Name

Phone

Dentist's Name

Phone

Preferred Hospital

Location

Who to notify in case of an emergency:

Name

Daytime Phone

Address

Evening Phone

Insurance:

Company Name/ Agent

Policy #

B. MEDICAL HISTORY

Have you had problems with:

Ear infections _____

Diabetes _____

Poison ivy _____

Heart problems _____

Asthma _____

Rheumatic fever _____

Convulsion/seizures _____

Epilepsy _____

Allergies _____

If yes, list: _____

Do you have any reactions to any medications? _____

Do you have any reactions to bee stings? _____

Any Physical disabilities that would not permit you to work? _____ No _____ Yes

If yes, please explain: _____

If in the event, I am unresponsive or unable to make a decision, I give consent to the Community Service Work Program, the worksite, City or Norwalk and Huron County to seek medical treatment on my behalf.

Participant

Date

Witness

Date