

**Hood River County Sheriff's Office  
Parole & Probation Division  
309 State Street Hood River, OR 97031  
Telephone (541) 387-6862 FAX (971) 228-3599**

**Work Crew and Community Service Work  
Application Form**

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

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

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

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Court: \_\_\_\_\_ Docket: \_\_\_\_\_ Judge: \_\_\_\_\_

Check the one that applies:

Formal Probation: Yes No

Bench Probation: Yes No

Diversion: Yes No

Terminal Sentence: Yes No

Sanction: Yes No

Prior arrests for assault? Yes No

Prior arrests for a sex offense? Yes No

Community Service application fee is \$25 and must be paid prior to your beginning community service work. Unless instructed otherwise, you are to return this form to HRC SO P&P and initiate community service work within 14 days. Failure to do so will result in your case being referred back to the sentencing Court for further consideration.

**Health:**

Are you in good physical and mental health? Yes No

If no, explain \_\_\_\_\_

Do you have any physical limitations? Yes No

If yes, explain \_\_\_\_\_

What medical conditions are you or have you been treated for in the past five (5) years? \_\_\_\_\_

What type of prescription medication are you taking? \_\_\_\_\_

**Emergency contact:**

Name / address / phone: \_\_\_\_\_

**Please read carefully:**

Hood River County Parole & Probation sets the minimum hours for you and sets the due date. The Judge may have told you that you have a year diversion or a year on probation. This does not mean you have a year to complete community service.

You have been ordered to do \_\_\_\_\_ hours of community service work. You are required to perform a minimum of 16 hours per month, beginning with the month of \_\_\_\_\_ 20/21. You are to complete all community service work on or before \_\_\_\_\_. Failure to complete community service work as outlined above may result in termination.

By signing this document you agree to comply with the terms, conditions and rules outlined within these pages.

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

## **Work Crew / Community Service Rules**

Work Crew consists of physical labor performed in all weather and varied terrain situations. A successful member is one who safely applies themselves to each assigned task, strictly adheres to the rules and uses common sense.

Ben Porter is the Hood River County Parole & Probation work crew supervisor. Work days are Wednesday through Saturday from 8:00 am to 4:00 pm. Work crew members report to and depart from the back parking lot of the Hood River County Courthouse. You are to wait until you are picked up or 8:15am, whichever is soonest. If you are signed up and not picked up, come to the office and you will receive two (2) hours community service credit for that date. You work an eight (8) hour shift and get eight (8) hours credit. We no longer give you extra credit for a job well done. You are an adult and we expect you to do a good job.

As a participant in the Hood River County Parole & Probation work crew program, I agree to the following rules and regulations. I agree to abide by all of the work crew instructions given to me by the work crew supervisor. I understand that failure to obey these rules will result in my being removed from the 'Nork crew. I agree to waive my rights to any hearing regarding my removal from the Hood River County Parole & Probation work crew program.

- ❖ I agree to perform satisfactory work and the tasks assigned to me to receive full credit. No work credit may be given for unsatisfactory work performance. I am criminally and civilly liable for any damage I cause to tools or property at the work site.
- ❖ I agree to abstain from the use of alcohol or drugs before or during community service work. I understand that this is cause for immediate removal from the work crew. I agree to random urine analysis and / or breath tests for the purposes of work safety, the protection of workers and property.
- ❖ Smoking of tobacco is prohibited on county property surrounding the Courthouse or in county owned vehicles. Smoking is permitted during designated breaks only.
- ❖ I agree to provide myself with lunch food and drink during meal breaks on the work crew. Liquid containers shall be sealed cans, bottles, or thermos bottles. Meals are subject to inspection by the work crew supervisor.
- ❖ Cell phones, radios, pagers or other electronic equipment are prohibited. No backpacks are allowed. I understand that a non-physical search may be conducted prior to boarding the work crew van. (This means that the work crew supervisor may ask to inspect my pockets and lunch sack. If any of these items are found, I understand that I will be required to check them in at

the office and will be able to pick them up after work crew.)

- ❖ I agree to follow safe work practices
- ❖ I agree to report any injuries received while working on the crew, to the work crew supervisor, immediately. I will be required to complete any written report of injury within 24 hours.
- ❖ I agree to consent to a search of my person, if the work crew supervisor has reasonable grounds to believe that a violation of work crew exists. I understand that only a certified law enforcement officer will conduct this search.

### **Getting the Job Done**

- ❖ Safety vests are to be worn at all times. If safety equipment is needed, the work crew supervisor will provide it. Safe use of tools is of utmost importance. Always watch for other workers when using tools.
- ❖ If you are unfamiliar with the task, or need an explanation on how to perform the task, ask the work crew supervisor.
- ❖ Remain in the assigned work area at all times, including break periods, which are at the discretion of the work crew supervisor.
- ❖ No visitors are allowed on work crew.

### **Cause for Termination**

Violation of the above rules. You will not be allowed back on the work crew until you either see your Parole / Probation Officer and a sanction has been imposed, or appear before the releasing authority and are re-referred to work crew.

You are required to complete a minimum of 2 days of community service per month, Sign up in advance at the front desk of the Probation and Parole office .If you sign up for a work crew day , make sure you can be there. Three no shows for work crew is cause for termination from this program.

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Signature

**HOOD RIVER COUNTY SHERIFF'S OFFICE  
PAROLE & PROBATION DIVISION  
COMMUNITY SERVICE INSURANCE FUND**

DATE:

NAME:

COURT:

CASE NUMBER:

DATE COURT OR SANCTION ORDERED:

ORDERED DATE FOR COMPLETION OF WORK:

YOU MUST PAY **\$25.00 BEFORE YOU BEGIN WORK**, IF ORDERED TO PERFORM COMMUNITY SERVICE WORK AS CONDITION OF SUPERVISED PROBATION, BENCHPROBATION, OR OTHERWISE ORDERED BY COURT OR A STRUCTURED SANCTION.

COMMUNITY SERVICE WORK SHALL NOT START UNTIL FULL  
PAYMENT OF FEE TO HOOD RIVER COUNTY BY MONEY ORDER  
OR EXACT CASH.

FAILURE TO SATISFACTORILY COMPLETE CSW OBLIGATION BY THE DUE DATE WILL  
RESULT IN TERMINATION

IF RE-REFERRED BY THE COURT TO PERFORM THE ORIGINAL OR ADDITIONAL CSW  
YOU MUST PAY A NEW FEE.

\_\_\_\_\_  
Hood River County Sheriffs Office Employee

\_\_\_\_\_  
DEFENDANT

I affirm by my signature I will comply with all conditions for performance and payment of fees for my satisfactory compliance with Court Order.



**Hood River County**  
**Community Service / Work Crew**

Today's date: \_\_\_\_\_ Fee paid \_\_\_\_\_ Unpaid \_\_\_\_\_

Information required before starting work – fill out completely and print neatly.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone: \_\_\_\_\_

Physical health limitations: \_\_\_\_\_

**COURT INFORMATION**

County and state of court order: \_\_\_\_\_

Date ordered by court: \_\_\_\_\_ Judge's name: \_\_\_\_\_

Case or docket number: \_\_\_\_\_

Date of expiration and / or court date set: \_\_\_\_\_

Number of hours to be completed: \_\_\_\_\_

Probation/Parole officer's name (if applicable) \_\_\_\_\_

Supervised probation \_\_\_\_\_ Bench probation \_\_\_\_\_ Diversion \_\_\_\_\_

Terminal sentence \_\_\_\_\_ (check one)

(information for crew leader to have on-hand at site)