

HURON COUNTY COMMON PLEAS COURT
PROBATE AND JUVENILE DIVISION

TIMOTHY L. CARDWELL, JUDGE
COURTHOUSE, 2 EAST MAIN STREET
NORWALK, OH 44857

COMMUNITY SERVICE PROGRAM

General Information & Rules

The Community Service Program is designed to provide opportunities for unruly and delinquent youth to gain positive experiences through contribution of time and energy to our community.

1. The Program consists of the youth completing Court-ordered community service hours. It is expected that the Community Service Hours will be completed in 10 weeks.
2. The youth is required to contact a site, get an interview, be accepted to work the hours at that site, and begin working. Set a work schedule with the worksite, so that both you and the Supervisor know exactly when you are expected to work.
3. **Youth will start community service within 1 week from the date they were ordered into the program. Call Amy Latteman at (419) 668-1616 ext. 1710 to inform her of your work site and schedule.**
4. When the youth is unable to work a scheduled workday, the youth is to call the work site supervisor and Amy Latteman 419.668.1616 ext. 1710 prior to the scheduled work day and time with a valid excuse. Contact from parent or guardian is not acceptable.

Any violation of the above requirements you may be terminated from the Program and further Court action may be scheduled.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

JUVENILE DIVISION (419) 668-1616
PROBATE DIVISION (419) 668-4383

PROBATION DEPARTMENT (419) 663-6829
ROY/CASA (419) 663-2525

COMMUNITY SERVICE (419) 668.1616 EXT. 1710
FAX: 419 663-0944

**Huron County Juvenile Court
Community Service Program
Behavior Contract**

I, _____ have been assigned to the Community Service Learning Program and will work _____ hours of Community Service. I understand that I will receive no pay for this work.

I agree to the following conditions:

1. Report to work as directed by the worksite site supervisor.
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. Juvenile or parents provide transportation.
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 ext. 1710 and Work Site Supervisor, a day ahead of time if unable to work. Other appointments i.e. doctor, dentist, suspensions, etc. should be reported to the Program Coordinator and Work Site Supervisor before the scheduled work date by the parent(s).

Non-compliance of these terms may result in termination from the Program and further Court action.

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 Ext. 1710.

Participant

Parent or Guardian

Date

Date

Huron County Court of Common Pleas
Juvenile Division
Timothy L. Cardwell, Judge
2 E. Main Street
Norwalk, OH 44857
(419) 668-1616

Community Service Program

Participant & Parental 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 Huron County Community Service Learning Program, including but not limited to a schedule of work hours, work conditions, authority of work site Supervisor, and Huron County Juvenile Court, expected behavior pattern and further that I accept these responsibilities.

In consideration of my opportunity to participate in the Community Service Learning Program, I and my parent, guardian or custodian, hereby waive any right of action against the Community Service Program, Community Service Worksite or the County of Huron and the State of Ohio, for any injury, which I might suffer as a result of my connection with the Program.

Date

Participant

I, the custodian of _____ have had this Program fully explained to me and approve of my child's participation. I further understand that _____ is not an employee of the Juvenile Court or the assigned service site and does hereby volunteer his/her services for the purpose of the Court order. Therefore neither agency along with the community service worksite will be held liable for any injuries or accidents that may occur at the assigned work site or during transportation to or from the work site. 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.

I agree to all of the conditions set forth above, including without limitation, releasing all public and private employers involved in the Program from ANY and ALL liability which may arise during my child's participation in the Program.

Date

Parent/Guardian

Witness

Huron County Court of Common Pleas
Juvenile Division
Timothy L. Cardwell, Judge
2 E. Main St.
Norwalk, OH 44857
(419) 668-1616

MEDICAL CONSENT

Child's Name

I, the undersigned parent, guardian of the above named youth; do hereby grant authorization and consent to the Huron County Juvenile Court and /or its properly assigned private agents to obtain for my child any emergency medical, dental or hospital treatment deemed necessary while my child is participating in the Community Service Program. I understand that all reasonable attempts will be made to contact us before any treatment is administered. Upon failure to reach me, I give consent to the Juvenile Court or its agent to contact our family physician or dentist to obtain permission to treat my child. In the event that neither I nor my physician or dentist can be reached, we hereby authorize the Juvenile Court or its agents to transfer my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of my physician, or in the event that my physician cannot be reached, the opinion of a qualified physician practicing emergency room procedures is such that surgery is required to save the life or limb of my child.

I, the undersigned parent, guardian or legal custodian of the above named child further state that we are signing this consent voluntarily and of my own free will and accord.

Date

Parent or Guardian

Witness

REFUSAL TO CONSENT FOR MEDICAL TREATMENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Huron County Juvenile Court to take no action.

Parent or Guardian

Date

Emergency Medical Authorization

(Child'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

Has child had problems with:

Ear infections _____

Diabetes _____

Poison ivy _____

Heart problems _____

Asthma _____

Rheumatic fever _____

Convulsion/seizures _____

Epilepsy _____

Allergies _____

If yes, list: _____

Does child have any reactions to any medications? _____

Does child have any reactions to bee stings? _____

Any Physical disabilities that would not permit him/her to work? _____ No _____ Yes

If yes, please explain: _____

Parent or Guardian

Date

Address