

MONMONROE CIRCUIT COURT PROBATION DEPARTMENT
COMMUNITY CORRECTIONS
AGENCY AGREEMENT FOR COMMUNITY SERVICE WORKERS

After discussion between Monroe County Community Corrections and the undersigned participating agency, the parties agree to abide by the following guidelines pertaining to the use of Public Restitution volunteers; and that these services will only be used for non-profit of government agency benefit.

For Public Restitution participants, the agency agrees to:

1. Provide a specific number of work hours to each volunteer referred by Community Corrections;
2. Orient each volunteer as to the goals and objectives of the agency;
3. Train each volunteer to fulfill specific tasks for the agency;
4. Supervise the work performance of the participant;
5. Use the provided Community Corrections form to record performance of the participants' hours and to return said form to Community Corrections when requested, at the participants' deadline date, or after completion of the required hours by the participant;
6. Notify Community Corrections if the participant fails to meet the expectations of the agency; and,
7. For those agencies with a religious base or background – refrain from purposely exposing participants to religious content, customs, or beliefs (i.e., providing literature, counseling, etc.)

The Agency verifies:

1. It is a non-profit (501(c)3) or government organization; and
2. It can produce the following documentation if applicable, requested, or needed:
 - a. By-laws/Articles of Incorporation
 - b. Board of Directors membership
 - c. List of paid and/or employed staff members; and
 - d. Insurance policy to cover volunteers

Community Corrections agrees to:

1. Provide the agency with volunteers who are required to perform community service by the Monroe County Circuit Court;
2. Refer volunteers whose capabilities and personal characteristics appear to meet the particular needs of the agency; and,
3. Be available to the agency to address any problems which may arise at the worksite.

WE AGREE TO CONTIONS LISTED ABOVE ON _____
Date

Government Non-Profit

Authorized Agency Representative/Director

Agency

501(c)3 number

Community Corrections Director

MONROE CIRCUIT COURT PROBATION DEPARTMENT
 COMMUNITY CORRECTIONS
 PUBLIC RESTITUTION

Agency Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different): _____
 Phone Number: _____
 Fax Number: _____
 Email Contact: _____

Director/Manager: _____ Email: _____
 Contact Phone Number: _____ Alternative: _____

Participants accepted (check): Adults Juveniles

Brief Description of Agency:

Type of Community Service Work:

Circle One: Inside Work Outside Work Both Seasonal

Special skills needed:

Maximum number of Participants that should be assigned at one time: _____

Circle any specific criminal charges that should be **EXCLUDED** from volunteering:

Theft Burglary Drug Related Alcohol Related Violent Offenders Sex Offenders
 Crimes against children Hate Crimes

Other: _____

Availability for Community Service Workers to be at Agency:

	Available Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	