



Community Service Program

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

- 1. Do you suffer from any health problems/handicaps/allergies? Y / N  
If yes, describe: (include doctor, medications, etc.) \_\_\_\_\_
- 2. Are you presently covered by a health care plan? Y / N  
If yes, explain: \_\_\_\_\_
- 3. Do you have any skills/interests you would like to use in your placement? Y / N

COMMUNITY SERVICE PROGRAM AGREEMENT AND LIABILITY WAIVER

And now, intended to be legally bound thereby, \_\_\_\_\_ (offender) agrees to provide community services assigned by the Bucks County Adult Probation and Parole Department (BCAPPD) in the amount of \_\_\_\_\_ hours as determined by Judge \_\_\_\_\_ on \_\_\_\_\_ (date). Community Service hours are to be completed by \_\_\_\_\_ (maximum date or court ordered date).

The offender understands that he/she is under the supervision of the BCAPPD, is covered to some extent by their medical insurance plan and will not receive compensation for services performed.

The offender agrees to give Community Service Program (CSP) staff permission to release information about the offender to participating placement agencies.

The offender will act in an appropriate, courteous and reliable manner while at the work site. Usage of alcohol or illegal drugs will not be tolerated. Offender will report as scheduled and on time and will supply the necessary information to explain any excused absence. The offender must make immediate phone contact whenever unable to keep a scheduled appointment or work assignment and must reschedule. Failure to follow any of the above rules can result in a violation of probation/parole hearing as determined by the BCAPPD.

The offender will not make any claim against the CSP, BCAPPD, placement agency, and/or Bucks County Court of Common Pleas and these agencies are absolved of any and all responsibilities for damages or injury to persons or property or liabilities incurred with placement of its offenders.

I have read the above rules, conditions, and waivers and by signing I understand and agree to the above.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Probationer/Parolee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

White – Offender    Yellow – Case File    Pink – CSP Coordinator