

UNDERSTANDING AND AGREEMENT

I UNDERSTAND AND AGREE;

1. That my community service shall be credited at the rate of \$_____ per hour.
2. That I must remain free of alcohol and illegal drugs while on my worksite.
3. That I must do my own community service and not have others at my worksite without permission from my worksite supervisor.
4. That it remains my responsibility to make certain that my community service is verified by my worksite supervisor.

I further understand and agree that while fulfilling my community service obligation I am not an employee of and no responsibility for harm to me is assumed by the Court, the Kanabec County Court Services, the County of Kanabec or the organization, agency or any department thereof providing my worksite. I further assert that I have revealed any information to my probation officer regarding prior criminal convictions, pending legal investigations, acts of immoral behavior or mental or physical health problems which could affect my eligibility for community service. I hereby certify that, to the best of my knowledge, I have no medical restrictions or limitations which prevent me from carrying out tasks at the worksite that I have selected.

If I am injured while performing my community service I will notify my work service supervisor immediately. I understand that my own medical insurance, or medical assistance if eligible, must be used to pay medical costs. If I do not have any medical insurance or qualify for medical assistance or if I have costs which are not covered, I must contact my probation officer within 30 days of the date of the injury to file a claim or otherwise assume full responsibility for my medical bills. Any follow up care for my injury or injuries must be pre-approved in order for my expenses to be paid. My signature following hereby authorizes the release of all medical information related to any treatment for such injuries or condition, in addition to serving to acknowledge an understanding and acceptance of other conditions and requirements contained in this agreement.

In addition to the foregoing, I further understand that a copy of this Agreement shall be provided to each of my work site supervisors.

Signature

Date: _____

Parent or Guardian (if juvenile)

Date: _____