



Henderson Police Department - Corrections Division Special Programs and Services Bureau

243 S. Water Street, Henderson, NV 89015
Phone: 702-267-1350 Fax: 702-267-1351

COMMUNITY SERVICE RULES AND AGREEMENT

Initials

1. I agree to work a minimum of four (4) hours per week until all of my hours are completed. I understand that if I fail to work a minimum of four (4) hours per week, a warrant will be requested for my arrest.

2. I agree as part of the Program that I will be required to pay a \$45.00 Community Service fee. I understand that I am required to pay \$5 towards this fee before I begin working.

3. I agree to notify a Special Program and Services staff if I have a medical condition and/or disability that will prevent me from working on the program. I understand that I will be required to provide proof from a licensed medical professional in order to qualify for the medical program (light duty).

4. I agree to follow all rules of the Work Program and any instructions given to me by a Special Programs and Services staff member. I further agree that I have been given, read and understood the attached Work Program Rules and Safety Orientation.

5. I agree to call the recorded Work Program line **702-267-1224** weekly to obtain the necessary information regarding the locations to meet. I understand that I am responsible for my own transportation to and from the work site and that I must arrive prior to the start time – late arrivals will be denied the ability to work.

6. I agree to bring my Community Service Timesheet and government issued photo identification every time I attend the Work Program. Failure to have ID will result in not being able to work.

7. I agree to immediately notify a Special Programs and Services staff member if I injure myself while working on the Work Program. I further agree to complete all forms and statements provided to me to document my injury. I understand and agree that if I require medical attention, that I will obtain it from a City of Henderson Approved Medical Facility. I further understand that I will be required to provide proof of medical clearance prior to returning to the Work Program. I also understand that all injury claims will be reviewed by a 3rd party Workers' Compensation administrator and all claims are subject to state and federal law.

8. I agree that if I violate the terms or rules of the Work Program, or if I violate any county, state or federal laws, that I will absolve Special Programs and Services, the City of Henderson, and any local law enforcement from any liability for my actions.

9. I agree that I indemnify (Forms of indemnity include cash payments, repairs, replacement, and reinstatement) Special Programs and Services and the City of Henderson, against any and all third party claims, lawsuits, losses, or damages allegedly caused by my participation in the Work Program.

10. I further release, waive, discharge and agree not to sue, the City of Henderson, its elected officials, employees, and volunteers from all liability to me, and my personal representatives, assigns, heirs and next of kin, for any and all losses and damages, claims or demands on account of injury to the person or property of the undersigned, whether caused by the negligence of the City of Henderson, its elected officials, employees and volunteers or otherwise, while participating in the Work Program.

I, _____ have read, understand, and agree to the above guidelines.

Signature

Witness Name

Witness Signature

Date





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WORK PROGRAM RULES AND AGREEMENT PARTICIPANT COPY

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3. I agree to notify Special Programs and Services staff if I have a medical condition and/or disability that will prevent me from working on the program. I understand that I will be required to provide proof from a licensed medical professional in order to qualify for the medical program (light duty).
4. I agree to follow all rules of the Work Program and any instructions given to me by a Special Programs and Services staff member. I further agree that I have been given, read and understood the attached Work Program Rules and Safety Orientation.
5. I agree to call the recorded Work Program line **702-267-1224** weekly to obtain the necessary information regarding the locations to meet. I understand that I am responsible for my own transportation to and from the work site and that I must arrive prior to the start time – late arrivals will be denied the ability to work.
6. I agree to bring my Community Service Timesheet and government issued photo identification every time I attend the Work Program. Failure to have ID will result in not being able to work.
7. I agree to immediately notify a Special Programs and Services staff member if I injure myself while working on the Work Program. I further agree to complete all forms and statements provided to me to document my injury. I understand and agree that if I require medical attention, that I will obtain it from a City of Henderson Approved Medical Facility. I further understand that I will be required to provide proof of medical clearance prior to returning to the Work Program. I also understand that all injury claims will be reviewed by a 3rd party Workers' Compensation administrator and all claims are subject to state and federal law.
8. I agree that if I violate the terms or rules of the Work Program, or if I violate any county, state or federal laws, that I will absolve Special Programs and Services, the City of Henderson, and any local law enforcement from any liability for my actions.
9. I agree that I indemnify (Forms of indemnity include cash payments, repairs, replacement, and reinstatement) Special Programs and Services and the City of Henderson, against any and all third party claims, lawsuits, losses, or damages allegedly caused by my participation in the Work Program.
10. I further release, waive, discharge and agree not to sue, the City of Henderson, its elected officials, employees, and volunteers from all liability to me, and my personal representatives, assigns, heirs and next of kin, for any and all losses and damages, claims or demands on account of injury to the person or property of the undersigned, whether caused by the negligence of the City of Henderson, its elected officials, employees and volunteers or otherwise, while participating in the Work Program.





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**COMMUNITY SERVICE WORK PROGRAM
INSTRUCTIONS**

You are required to pay a one-time setup fee of \$45.00 to receive credit. A minimum of \$5.00 towards this fee is required prior to beginning work.

REQUIRED MINIMUM HOURS PER WEEK

You are required to complete a minimum of 4 hours per week to avoid being returned to the sentencing court for a violation hearing.

COMMUNITY SERVICE WORK PROGRAM INSTRUCTIONS

- You must call the recorded Work Program line **702-267-1224** weekly to obtain the necessary information regarding the locations and times to meet. You must provide your own transportation to and from the work site.
- A Photo ID is required at all times. You must bring a Photo ID & Community Service Timesheet each time you complete hours or you will be turned away.
- Late arrivals and early departures will **NOT** receive credit towards your fine.
- You will receive one (1) fifteen minute break per four (4) hour work shift. You must take your break at the work site. If you leave, you will be denied re-admittance.
- Smoking and consumption of alcohol is prohibited at all times.
- Any bags and/or items that you bring to the work site are subject to be searched by a staff member. You will also be subject to being searched for weapons by use of a handheld metal detector.

REQUIRED ATTIRE AND EQUIPMENT

- You are required to dress appropriately. You must wear a shirt, pants, and closed toed shoes at all times. Shorts are permitted, but must at least cover your mid-thigh.
- Leather style work gloves are required to be worn at all times. Bring your own leather work gloves with you.
- Water from a potable drinking source is provided, but it is recommended that you bring your own water and container to be filled. Caffeinated beverages are discouraged.

Permitted

- Work Boots & Closed Toed Footwear
- Jeans or long pants & mid-thigh shorts
- Sunscreen, Hats, Water & Work Gloves
- Jackets and Long Sleeved Shirts

Not Permitted

- Sandals/Open Toed Footwear
- Shorts that are not finger-tip length
- Tobacco Products & Alcohol
- Tank Tops, Cutoffs, & Sleeveless Shirts





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WORK PROGRAM RULES AND SAFETY ORIENTATION

CONDITIONS LEADING TO TERMINATION FROM THE WORK PROGRAM

- Arriving late for the start time or returning late from any break.
- Being rude, disrespectful, disruptive, use of profanity, other offensive behavior.
- Refusing to follow directions of the Alternative Sentencing Staff.
- Being under the influence of alcohol or any controlled substance.
- Refusing to obey safety instructions or rules as explained by staff.
- Being in possession of any type of weapon.
- Threatening staff or other workers.
- Leaving the worksite without authorization.
- Any action, which may prevent the work group, or staff, from performing their duties.
- Smoking at any time.
- Use of cellular phones and personal music devices is prohibited (Ipod, Iphone, etc.)

SAFETY ORIENTATION



Animals: DO NOT TOUCH any animals, especially dogs, regardless if they are on a leash or behind a fence. Be careful where you walk and place your hands. Be aware of snake holes. Do not touch or disturb any beehives.



Biohazards: DO NOT TOUCH: Chemical hazards, medical wastes (red bags), Body Wastes, Syringes, and Blood. Notify a staff member for instructions



Utilities: DO NOT TOUCH: Electrical lines, Water mains, Gas lines, Cable lines, etc.



Traffic: Obey all traffic safety rules. Work within the safe work zone. Wear your safety vest and gloves during the entire shift. Use caution when crossing streets. Use crosswalks and traffic signals. Pay attention to moving vehicles at all times and do not work in the roadway. Do not load the truck from the street, only from the sidewalk side.



No Smoking: Smoking is prohibited at all times while on the Work Program.



No Weapons: All participants will have to undergo security screening. This includes the use of a metal detector. Additionally, portable breath tests may be required. No one will be allowed into the work program area with any type of a weapon/contraband regardless of the size, this includes, pepper spray, knives, box cutters, hand cuff keys or any other weapon or item that can be used to cause bodily harm or vandalize.



If you report to the worksite with any of the above items, you will not be allowed to participate in the Work Program and will be required to report to ASD Offices.



Safety Requirements: Reflective safety vests must be worn the entire period you are on the program, including break periods. Wear the appropriate personal protective equipment, i.e. face shield, safety glasses, gloves, ear protection. Work gloves must be worn while you are working. Do not stand on the sides or in the bed of the dump truck. Pay attention and watch where you walk and put your hands.



Tools: You will be required to use any and all of the tools provided. Allow at least five feet between yourself and someone else when using the tools. **BE AWARE OF PEOPLE NEAR YOU WHEN USING THE TOOLS.** Do not carry tools over your shoulder.

