

GOODWILL INDUSTRIES OF FORT WORTH
MANDATED COMMUNITY SERVICE RESTITUTION PROGRAM
TERMS & AGREEMENT

COMMUNITY SERVICE AGREEMENTS MUST BE APPROVED BY OUR COMMUNITY SERVICE ADMINISTRATOR BEFORE YOU ARE ALLOWED TO WORK. AT TIME OF APPROVAL, YOU WILL BE CONTACTED BY PHONE AT THE NUMBER LISTED ON YOUR AGREEMENT. YOU WILL THEN ARRANGE A SCHEDULE WITH THE SUPERVISOR OF THE DEPARTMENT WHERE YOU WILL BE WORKING.

ONCE YOUR SERVICE HAS BEEN COMPLETED, THE STORE WILL SEND A REQUEST FOR A COMPLETION LETTER TO THE ADMINISTRATOR, WHICH IS RECOGNIZED BY THE COURTS AS FINAL DOCUMENTATION THAT YOU HAVE WORKED THE HOURS LISTED. THIS LETTER IS NORMALLY AVAILABLE WITHIN THE NEXT WORKING DAY. WE WILL RECORD YOUR TIME ON A TIME SHEET, AND THIS WILL BE FURNISHED TO YOU WITH THE COMPLETION LETTER.

WE WILL GLADLY PROVIDE A COPY OF THIS TIME SHEET TO YOU BEFORE YOUR VISIT WITH A PROBATION OFFICER, BUT IT WILL NOT BE FURNISHED TO YOU EVERY DAY YOU WORK.

PLEASE BE AWARE THAT WE ARE PROVIDING THIS SERVICE TO YOU, AND REQUIRE THAT ALL OF GOODWILL INDUSTRIES RULES AND REGULATIONS WILL BE STRICTLY FOLLOWED. FAILURE TO DO SO WILL RESULT IN IMMEDIATE RELEASE FROM THE PROGRAM.

RULES AND REGULATIONS

YOU ARE NOT UNDER ANY CIRCUMSTANCES ALLOWED TO TALK ON PERSONAL CELL PHONE. IF YOU USE PERSONAL PHONE WITHOUT APPROVAL OF SUPERVISOR, YOU WILL BE RELEASED FROM THE PROGRAM.

YOU WILL BE ALLOWED ONE BREAK OF 15 MINUTES EACH AFTER FOUR (4) HOURS OF WORK.

NO PERSONAL PHONE CALLS ON BUSINESS PHONE UNLESS APPROVED BY SUPERVISOR.

ANY SIGNS OF **AGGRESSION OR NEGATIVE ATTITUDE** WILL GET YOU IMMEDIATELY RELEASED AND REPORTED TO THE COURTS.

WE HAVE A DRUG AND ALCOHOL FREE WORK ENVIRONMENT. BREAKING THIS RULE IS IMMEDIATE RELEASE FROM THE PROGRAM, AND REPORTED TO THE COURTS.

IF YOU CANNOT ABIDE BY THESE RULES, THEN YOU NEED TO PERFORM YOUR COMMUNITY SERVICE SOME WHERE ELSE.

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TERMS & AGREEMENT (Continued)

WAIVER OF LIABILITY

I AGREE TO SERVE AS A VOLUNTEER AT GOODWILL INDUSTRIES AND AS AGREED UPON BETWEEN THE AGENCY AND ME AFTER CONSULTATION WITH MY SUPERVISION OFFICER.

I UNDERSTAND THAT THE AGENCY WILL REPORT TO MY SUPERVISING OFFICER ABOUT MY HOURS OF SERVICE, ABSENCES, AND THE QUALITY OF THE COMMUNITY SERVICE PROVIDED BY ME TO THE AGENCY.

I UNDERSTAND THAT I AM AUTHORIZING THE COMMUNITY SERVICE SUPERVISOR AND CORRECTIONS DEPARTMENT TO RELEASE OR DISCLOSE TO THE AGENCY INFORMATION FROM MY RECORDS.

I UNDERSTAND THAT I AM TO CALL MY COOPERATING AGENCY SUPERVISOR IF I WILL BE LATE OR ABSENT ON ANY OF THE DAYS I AM SCHEDULED.

I UNDERSTAND THAT I AM TO CONSULT WITH MY AGENCY SUPERVISOR IF I HAVE ANY QUESTIONS ABOUT MY DUTIES AS A COMMUNITY SERVICE VOLUNTEER.

I UNDERSTAND THAT IF I REPORT TO THE AGENCY TO WHICH I AM ASSIGNED UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THE COOPERATING AGENCY SUPERVISOR WILL CONTACT THE APPROPRIATE LAW ENFORCEMENT AGENCY.

I UNDERSTAND THAT I AM REQUESTING TO BE A PROBATIONER VOLUNTEER FOR THE COMMUNITY SERVICE RESTITUTION PROGRAM AND WILL NOT HOLD THE AGENCY, OR ANY OF ITS OFFICERS, OR EMPLOYEES, OR THE COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT LIABLE FOR ANY INJURIES, PHYSICAL OR MENTAL, WHICH I MIGHT SUSTAIN BY PARTICIPATING IN THE COMMUNITY SERVICE PROGRAM.

FINALLY, I UNDERSTAND THAT I AM NOT AN EMPLOYEE OF THE AGENCY BUT MERELY A LICENSEE UPON THEIR PREMISES.