



San Benito County Probation Department

400 Monterey Street

Hollister, CA 95023

831-636-4070

831-636-5682 FAX

Brent Cardall
Chief Probation Officer

Community Service Work Program (CSWP)

Client's Name _____ Log No. _____

Completion Date _____ Court Date (if applicable): _____

I, _____, realize that failure to keep the terms of this agreement may result in my termination from the San Benito County Community Service Work Program (CSWP). I agree to the following rules and conditions:

- **I will contact the Agency and start my hours within 5 days.** I will work weekly or as scheduled with the assigned agency. If I do not start within 5 days my placement will be cancelled and I will have to return to the Probation Department.
- When I have finished all my assigned hours I will bring my timesheet to San Benito County Probation Community Service Work Program.
- I will not change my work site without approval from my caseworker. I will not receive credit for any hours worked until I have been formally assigned to an agency.
- I will complete _____ hours of community service and return the time sheet signed by my agency supervisor and myself to San Benito County Probation Department Community Service Work Program on or before _____.
- I understand that my fee of _____ for participation in the program is non-refundable.
- I will contact San Benito County Probation Department Community Service Work Program (CSWP) staff at (831) 636-4070 if I have any questions or problems pertaining to my assigned community service work.

While at the Agency:

- I will conduct myself in a polite, courteous, cooperative and professional manner at all times. I will not be insubordinate or rude to the site supervisor. I will not drink, or possess alcoholic beverages while working at the agency. I will not take any drugs not prescribed by a doctor during assigned work hours.
- I will not arrange visits with my family or friends, bring any children, or make or receive non-business, non-emergency calls during assigned working hours at the site.
- If I fail to report regularly on a weekly basis to my assigned agency, I understand my case will be closed as incomplete and I will be charged an additional fee to return to the program and have my case reopened.

Client Signature: _____ **Date:** _____

Probation Officer Signature: _____ **Date:** _____