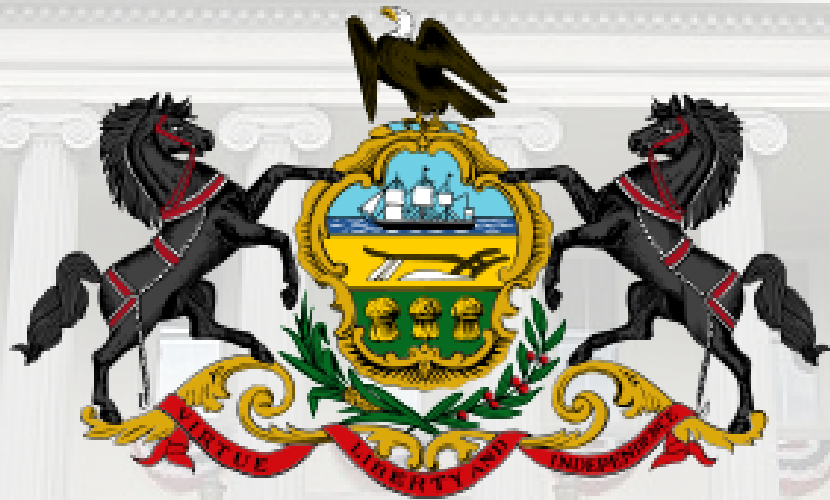


# **LAWRENCE COUNTY TREATMENT COURT**



# **COMMUNITY SERVICE PROJECT**

## OVERVIEW

The Community Service Project requires you to provide unpaid work that is aimed at giving something back to the local communities and repay the community for the wrongs that have been done, in a positive way. The project is not merely the completion of community service hours, but rather a project that is chosen by you to contribute your skills and/or labor to help improve the community around you. Sites to complete your project must be directed to assisting the non-profit community in Lawrence County, PA.

### LOCATIONS:

Some examples of agencies are provided in this packet as a reference point, but other agencies may be approved. You are responsible for contacting the agency of their choosing to confirm if their services are needed. While you speak with the agency, notify the Treatment Court Probation Officer of where you intend to complete your hours. All locations must be approved by the Treatment Court Team **prior** to starting.

### TIME LOGS:

The worksheets contained in this packet must be turned in to the Treatment Court Probation Officer at various times during the course of your project. Any worksheets that are lost or misplaced prior to being submitted will need to be completed again. Your log must be submitted on a weekly basis to the Treatment Court Probation Officer. Lost or misplaced logs will result in the hours needing to be completed again.

### HOURS REQUIRED:

The Community Service Project requires 60 hours of community service to be completed in phases 1-4 of the Treatment Court Program (15 hours per phase, minimum). You may earn up to 30 hours in community service waivers via the fishbowl drawing, “purchasing” them with Decision Dollars earned, or by team discretion. In phases 1 & 2, only 5 hours may be waived, in phases 3 & 4 up to 10 hours may be waived. In order to advance phases, 15 hours must be completed.

### UNEMPLOYED:

If you are unemployed, and you are in Phase 3 or later, you will be required to complete a minimum of 15 additional hours towards the project per week until you gain employment or enroll in an educational program.

### SANCTIONED HOURS:

Community service hours imposed as the result of a sanction may NOT be completed as part of the Community Giveback Project. Sanctioned hours will be scheduled at the discretion of the Treatment Court probation officer.

## COMMUNITY GIVEBACK PROJECT - PREAPPROVED LOCATIONS

Below is a list of possible locations to complete your Community Giveback Project. This list is not an exhaustive list of possibilities, but a place for you to start. If you have another agency for which you wish to complete your hours, speak with the Treatment Court Probation Officer to see if the location would meet the criteria for this project.

AGENCY	ADDRESS	PHONE NUMBER
<b>First Presbyterian Church</b>	125 North Jefferson Street New Castle, PA 16101	Janice 724-652-7706
<b>Lawrence County C.A.R.E.S Center</b>	708 W. Washington Street New Castle, PA 16101	Maggie Kulich 724.657.0226 x 113
<b>People In Need – Food Pantry</b>	2703 W. State Street New Castle, PA 16101	Laura Colvin 423.838.0203
<b>Salvation Army</b>	240 W. Grant Street New Castle, PA 16101	Capt. Darlene Higgins 724.652.7921
<b>United Way</b>	223 N. Mercer St. New Castle, PA 16101	Gayle Young 724.658.8528
<b>Vision Ministries</b>	109 N. Mercer Street New Castle, PA 16105	Rev. Randy Crum 724.730.1234

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_



Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_

Participant Name: \_\_\_\_\_

COMMUNITY SERVICE - HOURS LOG

This log must be completed and submitted on a **weekly basis** to the Treatment Court Probation Officer.

DATE	TIME STARTED	TIME ENDED	TOTAL HOURS	DESCRIPTION OF WORK DONE

ACKNOWLEDGEMENT BY PARTICIPANT & AGENCY CONTACT PERSON

By signing below, I acknowledge that the record of hours listed above are true & accurate and have been completed at the approved non-profit organization for the Community Service Project.

Participant Signature

Agency Contact Person Signature

Printed Name

Position

Date

Date

FOR TREATMENT COURT TEAM USE ONLY

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_