

Daviess County Department of Community Corrections
101 N.E. 4th Street Washington, Indiana 47501
(812) 254-8665 FAX (812) 254-8688

Diana L. Snyder
Director

Joe Hamdan
Community Service Coordinator

DAVISS COUNTY COMMUNITY CORRECTIONS PROGRAM WAIVER, RELEASE, AND
MEMORANDUM OF UNDERSTANDING

1. I voluntarily, of my own free will, without duress, coercion, promise, reward, or immunity, consent and agree to participate in the Daviess County Community Corrections program which will involve from time to time, various community betterment projects.
2. I fully understand that this program represents a sentencing alternative to incarceration and that any suspension of my sentence, whether partial or complete may be revoked if I do not satisfactorily complete the requirements of the program.
3. I fully understand that this is a voluntary work program, and that there is no pay for this program.
4. I fully understand that by consenting to participate in the above-listed program, that I hereby release, absolve and forever hold harmless Daviess County and the Daviess County Community Corrections Department, its servants, agents and employees, and anyone else acting in its behalf including agencies acting as program sponsors, from any and all claims, liability, demands, personal injuries and other damages from any matter, act or thing arising out of the aforesaid program.
5. I further understand that if by negligence or intention I damage or destroy property belonging to a sponsor I will be held responsible for replacement or reimbursement to said sponsor.
6. DRESS CODE: Waist line of pants must be worn above hips, shirts must have sleeves and completely cover the stomach, shoes must completely cover the foot such as tennis shoes or work boots, clothes must fit properly with no offensive language or pictures. All visible piercings must be removed.
7. I have read (and/or been read) and understand the above conditions and agree to abide by the conditions and terms of the release set forth above and with this in mind agree to complete ____ hours of community service and pay a community service user fee in the amount of \$ _____ by _____.

Witnessed:

Date

Signature of participant

Date