



**SKAGIT COUNTY DISTRICT COURT
PROBATION AND COMMUNITY SERVICES**

205 W KINCAID ST, ROOM 301
MOUNT VERNON WA 98273

PROBATION PHONE: (360) 416-1275

COMMUNITY COURT PHONE: (360) 416-2009

FAX: (360) 416-1280

E-MAIL: dcpb@co.skagit.wa.us

WARREN M. GILBERT, JUDGE
DIANNE E. GODDARD, JUDGE
JENIFER G. HOWSON, JUDGE
PAUL W. NIELSEN, COMMISSIONER

PATRICK EASON, COMMISSIONER
JAMES M. MALCOLM JR., DIRECTOR
LETICIA NUNEZ, PROGRAMS COORDINATOR

Compliance Instructions for Performing Community Service Work

Please carefully read all the paperwork included in this packet so you will know how to correctly complete your community service work obligation. Follow all instructions and pay extra attention to the list below that cover Restrictions that could cause community service work to be denied.

Be sure to be completely truthful about the reason you are needing to do community service work.

In this packet, we have provided you with two (2) log sheets for the organization where you will be volunteering at to keep track of the hours you have worked, and add a description of the work you have done. If you have many hours to complete or will be volunteering at multiple organizations we suggest you make several copies of the log sheets to have readily available for you.

Before submitting your log sheets to the Skagit County Probation Department, make sure to carefully review that the person who supervised your volunteer hours fully filled in the information pertaining to the Organization, signed off on your hours, and that your court case number is on the log sheets.

NOTE: We will not give credit for any work completed if these forms are not filled out correctly and completely.

The last page included in this packet is a Registration Sheet for Community Service work. Please be sure to fully fill it out by providing your current mailing address, the best phone number where you can be reached. This registration sheet is used if we have any questions for you regarding the community service hours submitted to the Skagit County Probation Department.



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Community Service Work Explanation Sheet

Policy Summary:

The court defines Community Service Work (CSW) as volunteer work done for a public non-profit agency or private not-for-profit organization. The court permits defendants to do CSW when they demonstrate that they cannot pay a fine. Sometimes, the court requires defendant to do CSW as a penalty in addition to a fine. Defendants may ask the court to grant permission to do CSW for an unpaid fine balance. When permission is granted, the defendants are referred to the probation department for compliance instructions.

Community Service hours credited using the following formula:

One hour of work = to \$15.00 of the fine (fractions are rounded up)

If training is required to learn how to do volunteer work, that time can count towards community service work hours, if they specifically use this training in working off at least 25% of their community service obligation. (e.g. 20 hours of CSW to complete: 15 hours spent training to answer crisis counseling phone calls with 5 hours spent using such training to do the job.)

Be a dependable and appropriate worker; take pride in the work you do! Attitude is everything. Be polite and show them that you are grateful for the opportunity. Remember, work ethic matters as you may want to use this experience on your application for a future position with a different employer!

Remember that an organization has every right to fire you/let you go as a volunteer, no matter how urgently you need to complete your community service. They are under no obligation to keep you -- especially if you have missed shifts, violated policies, etc



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Restrictions:

You will NOT get credit for Community Service work performed:

1. Prior to the date granted permission by the court.
2. If your hours are Mandatory hours in lieu of jail, or for a Probation violation and you do not check in with The Skagit County Probation department first
3. For any religious organizations (food banks/thrift stores directly or indirectly tied to a religious organization are not acceptable)
4. For an organization where the defendant is already doing volunteer work (Exceptions must be approved in advance by the Court or Skagit County Probation Department)
5. Under supervision of a person related to you
6. For Profit-making care facilities (nursing homes, convalescent centers, hospital, etc.)
7. In the role of Victim Panel speaker
8. For online organizations
9. At your place of employment
10. Helping family, neighbors or friends with tasks (taking your grandmother to the grocery, cleaning your elderly neighbor's house, babysitting your sister's kids, etc.) will NOT be accepted as your community service.
11. If you receive credit for the same hours for some other agency or entity, you may not submit the hours to satisfy your community service obligation. No double dipping!
12. If you are paid or compensated in any way for the hours you perform, you may not claim them for community service



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COMMUNITY SERVICE WORK JOB SITE LIST

The next page is a list of available non-profit organizations where you have the option to volunteer for community service. The list does not include all the possible places where community service work can be performed, but it provides examples of places and the type of work performed at the each of the organizations listed.

Community service work may be performed at any registered **non-profit organization**.

NOTE: If you are completing **Mandatory Community Service work** in lieu of Jail or as part of a Probation Violation, Please check in with Skagit County Probation Department first before moving forward with contacting an Organization.



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Community Service Work

Letter of Introduction

To whom it may concern:

The person bearing this letter must fulfill an obligation to the courts in Skagit County in the form of Volunteer work. He/she has been authorized by our department to search for a job site at which to Perform such work. Attached is an explanation sheet containing the policy and rules of the program.

You may ask this defendant what the charges are that he/she has committed and the date committed.

The number of hours to be completed is:

The date these hours are to be completed:

You must pay a minimum of \$_____ per month to District Court, or turn in a minimum of _____ in community Service work per month to the Probation Department to stay in compliance

If the hours are not submitted to Skagit County District Court Probation by the deadline, we are required to Notify Skagit County District Court

If you have any question, concerns or issues please contact our Department.

Sincerely,
Marina Martinez
Probation Services Specialist

SKAGIT COUNTY DISTRICT COURT PROBATION & COMMUNITY SERVICES
COMMUNITY SERVICE WORK VERIFICATION

INSTRUCTIONS

- A. **For the Worker:** Please print your name, the name of your worksite supervisor, and the name, address and phone number of the organization you worked for on the lines below. Also print the record of work information where indicated. Please use a separate verification for each worksite. If you fill up one form and are still working at the same site, fill out a second one and continue recording your work as you did on the first form.
- B. **For the Supervisor:** Please inspect this form to make sure the information on it agrees with your own records. Please sign your name where indicated.

THIS FORM IS NOT VALID AND WILL NOT BE SUBMITTED TO COURT FOR COMPLIANCE CREDIT UNLESS ALL INFORMATION ASKED FOR IS LEGIBLY RECORDED ON IT. FRAUDULENT SIGNATURES OR FALSE INFORMATION WILL IMMEDIATELY BE BROUGHT TO THE ATTENTION OF THE COURT.

NAME (PRINT) _____
NAME AND ADDRESS OF NON-PROFIT AGENCY: _____

WORKSITE PHONE NO: _____
WORKSITE SUPERVISOR'S NAME: PRINT _____

RECORD OF WORK

<u>DATE WORKED</u>	<u>HOURS WORKED</u>	<u>DESCRIPTION OF WORK PERFORMED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: _____

THE ABOVE NAMED PERSON HAS SATISFACTORILY COMPLETED THE ABOVE NUMBER OF HOURS.

Signature of Worksite Supervisor: _____

I CERTIFY THAT I HAVE COMPLETED THE ABOVE HOURS OF COMMUNITY SERVICE WORK

Signature of Worker: _____ **Date Signed:** _____

FOR OFFICE USE ONLY: COURT/CAUSE #: _____ **CASE FILE #:** _____

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COMMUNITY SERVICE WORK VERIFICATION

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NAME (PRINT) _____
NAME AND ADDRESS OF NON-PROFIT AGENCY: _____

WORKSITE PHONE NO: _____
WORKSITE SUPERVISOR'S NAME: PRINT _____

RECORD OF WORK

<u>DATE WORKED</u>	<u>HOURS WORKED</u>	<u>DESCRIPTION OF WORK PERFORMED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS WORKED: _____

THE ABOVE NAMED PERSON HAS SATISFACTORILY COMPLETED THE ABOVE NUMBER OF HOURS.

Signature of Worksite Supervisor: _____

I CERTIFY THAT I HAVE COMPLETED THE ABOVE HOURS OF COMMUNITY SERVICE WORK

Signature of Worker: _____ **Date Signed:** _____

FOR OFFICE USE ONLY: COURT/CAUSE #: _____ CASE FILE #: _____



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Community Service Work Registration Sheet

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Please list two (2) people whom we may call and leave a message for you if we cannot reach you at the number provided above: (Name and Phone number)

- 1. _____
- 2. _____

I HEREBY ASK THE PROBATION DEPARTMENT TO AUTHORIZE ME TO PERFORM VOLUNTEER WORK IN THE COMMUNITY FOR A GOVERNMENT AGENCY OR A NOT-FOR-PROFIT ORGANIZATION. I HAVE RECEIVED FROM THE PROBATION DEPARTMENT A PACKET INCLUDING INSTRUCTIONS, COMPLIANCE FORMS, AND A LIST OF JOB SITES. I UNDERSTAND THAT THE COURT WILL NOT GIVE ME CREDIT FOR ANY WORK THAT IS DONE OUTSIDE THE SCOPE OF THESE INSTRUCTIONS NOR ANY WORK NOT PROPERLY DOCUMENTED ACCORDING TO THESE INSTRUCTIONS.

Client Signature

FOR OFFICE USE ONLY

Amount of Hours : _____ Optional: _____ Mandatory: _____ CAUSE #:

Fine Amount: _____

Amount of Hours: _____ Optional: _____ Mandatory: _____ CAUSE #:

Fine Amount: _____

Authorized by: _____ Date: _____

<u>Area</u>	<u>Agency</u>	<u>Phone</u>	<u>Hours Avail</u>	<u>TYPE OF WORK</u>	<u>RESTRICTIONS</u>
Anacortes	Salvation Army 3001 R Avenue	360-293-6682 Becky - Food Bank Director	Mon - Thurs. 9 am - 4 pm	Food Bank, House Keeping, Bagging Bulk Food, Bell Ringing (Seasonal)	No Sexual Offenders, No Arson, No Violent offenders
Anacortes	Predators of the Heart 4709 Welch Ln.	360-840-6164 360-770-7479 Ashley Carr	Mon - Sat 7 am - 5 pm	Grounds and Building Maintenance Cleaning indoors/outdoors. Wear Appropriate Clothing, No Contact With Animals	No Sex Offenders, No Drug Addicts, No Violent Offenders, No Animal Cruelty
Burlington	Humane Society 18841 Kelleher Road	360-757-0445 Janine	7 Days a Week 8 am - 4 pm Tues - Fri 9 am - 4 pm (for calls)	Cleaning, Kennel Care, Office Work, Animal Care, Maintenance, Landscaping	No Cruelty to Animals, Sexual Offenders, Offenders Convicted of Theft, DV, Drugs
Burlington	Youth Dynamics 850 Hagen Dr.	360-757-1337	Mon - Fri 9 am - 4 pm	Yard Work and Cleaning	Minors are Preferred
Burlington	Chamber of Commerce 520 E Fairhaven Ave	360-757-0994 Peter or Stephanie	Mon - Fri 8:30 am - 5 pm Weekends Avail.	Clerical Duties, Cleaning, Outside Cleaning	None
Concrete	Concrete Heritage Museum 7380 Thompson Ave.	360-982-0423 John Lloyd 360-853-8347 John Boggs	Saturday Afternoons Jun - Sep	Organizing Displays	None
Marblemount	Helping Hands Food Bank 59850 WA-20	360-856-2211 (Ext 3) Miranda	Mon - Fri 8 am - 5 pm	Grocery Rescue, Distribution, Sorting, Cleaning, Maintenance, Disability Accommodating	Need to be Approved
Mount Vernon	Skagit Domestic Violence & Sexual Assault Services 1521 Leigh Way	360-336-9591 Julia	Mon- - Thurs. 9 am - 5 pm	Cleaning, Organizing, Research Projects, Administrative Tasks, Event Planning	No Sexual Offenders or Domestic Violence Offenders
Mount Vernon	City Of Mount Vernon Parks & Recreation 1717 S 13th St.	360-336-6251 Must be contacted by court Volunteers cannot call, must be court ordered	Mon - Sat 7:30 - 3 pm	CWP (This Program is only available to those who are court ordered specifically to this program)	Subject to Pre - Screen
Mount Vernon	Mount Vernon Senior Center 1401 Cleveland Street	360-336-5757 Crystal Hobbs	Mon-Fri 8 am - 4 pm	Light Maintenance, Yard Work, Cleaning, Event Prep	No Cruelty to the Elderly
Mount Vernon	Friendship House 1008 S 3rd Street Contact: Olivia 360-336-6138 Ext. 110 Women's House 922 S 3rd Street	Kitchen(Mess) 360-336-6138 Men's House 360-336-2135 Women's House 360-336-2418	Hours Vary Some Weekends	Laundry, Donation, Cooking, Kitchen Work, Sorting, Gardening, Maintenance	No Sex Offenders, No Potentially Violent Offenders, No Arson
Mount Vernon	Habitat for Humanity	360-428-9402	Tues - Sat 10 am - 6 pm	Warehouse, Pricing Organizing, Customer Service, janitorial	Pre-Screen, No sex Offenders
Mount Vernon	Skagit County Chamber of Commerce. Skagit County Fairgrounds 501 Taylor St.	360-416-1350	Summer Mon - Fri 8:30 - 4:30	Grounds and Building Maintenance, Clean Up and Fair Prep	No Sx Offenders, Theft Offenders, Potentially Violent Offendes
Sedro - Woolley	Offender Work Program 325 Metcalf St.	360-661-6463 (Call or Text) Melissa - Supervisor	Mon - Fri 8:50 am - 5 pm	Building Manenance, Painting, Landscaping, Weeding, Pick up Trash	No Sex Offenders, (All Applicants Will Be Screened)
Sedro - Woolley	Chamber of Commerce 810 Metcalf St.	360-855-1841 Paula Kelly	Summer Months Only	Event Set Up, Family Summer Festival Set Up	No Violent Offenders, No Sexual Offenders, No Drug Offenders
Sedro - Woolley	Sedro-Woolley Schools Support Services 801 Trail Rd.	360-855-3866 Ken	Mon - Thurs 9 am - 3 pm	Gardening, Roof Cleaning, Painting Filter Changes	No Sexual Offenders, Theft, Or Drug Addicts (Back Ground Check)