

**JACKSON COUNTY COMMUNITY CORRECTIONS**  
**220 E. WALNUT STREET SUITE 238**  
**BROWNSTOWN, IN 47220**

---

**TELEPHONE (812)358-8053**

**FAX (812) 358-2669**

---

Page 1 of 2

**ADULT WORK CREW RULES**

THE COMMUNITY CORRECTIONS VAN WILL PICK UP AT THE COMMUNITY CORRECTIONS OFFICE AT 220 E. WALNUT STREET BROWNSTOWN, INDIANA (OLD JAIL) AT 8:15AM. YOU WILL NEED TO PROVIDE PROOF OF ID.

**DRESS CODE**

1. Long pants, jeans, sweats, etc. you will be allowed to wear shorts –no shorter than the end of your fingers on your thighs – **if they are to short you will be sent home with no credit.** If needed bring rain gear, gloves, winter coat, etc.
2. T-shirts, sweat shirts, etc. **NO TANKTOPS OR HALTER TOPS!**
3. Hair will be off the collar, in a hat, pony tail, etc. this includes males as well as females.

**MEALS/DRINKS**

1. You **MUST** bring your own sack lunch; absolutely **NO ONE** will be allowed to stop at any location for food.
2. You **MUST** bring your own beverages, whether it be cola, water, etc., **NO ONE** will be allowed to stop for any drink.
3. You **MUST** bring your own small cooler to keep any of the above items cold, we will not furnish ice for your items.

**SMOKING POLICY**

1. **ABSOLUTELY NO JUVENILE WILL EVER BE ALLOWED TO SMOKE WHILE HERE! Never give any juvenile any cigarettes, any lighters, any matches, etc.**
2. No client/offender will **EVER** be allowed to smoke in the van.
3. No client/offender will **EVER** be allowed to smoke at any jobsite.
4. Smoking will only be allowed for **ADULTS** on the two breaks or at lunch.

**BREAK TIMES**

1. Each client/offender will receive a 15 minute break **ONLY** after two hours of work.
2. Lunch time will be ½ hour in length to be scheduled by our staff.
3. Another 15 minute break will be given after another two full hours of work.

**ABSENCES FROM ORDERED SERVICE**

1. If you are scheduled to work here and become ill **YOU** must call this office and leave a message **BEFORE 8:00 am.** to advise us.
2. You have been ordered to work these hours thus you **MUST** reschedule to make up the day you have missed due to illness, reschedule ASAP.

**SEARCHES**

1. You will **not** be allowed to have anything with you that would be considered to be a weapon if you are found with such an item it will be confiscated and not returned.
2. You will **not** be allowed to have any drug paraphernalia, jewelry with drug symbols. If these items are found they will be confiscated and not returned.
3. If you are found with any illegal substance or paraphernalia a Police Officer will be called and you will be arrested or a ticket issued.
4. **You will be searched prior to working the crew. This includes purses, pockets, shoes, lunch containers, coats or jackets.**
5. **YOU WILL NEED TO PROVIDE THE WORK CREW OFFICER WITH A PROOF OF ID.**

I have read and understand the rules stated above and do hereby agree to follow said rules.

---

**Corrections Personnel**                      **Date**

---

**Client Signature**    **Date**

**JACKSON COUNTY COMMUNITY CORRECTIONS  
220 E. WALNUT STREET SUITE 238  
BROWNSTOWN, IN 47220**

---

**TELEPHONE (812)358-8053**

**FAX (812) 358-2669**

---

**ADULT COMMUNITY SERVICE CLIENT AGREEMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Cause Number: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

On \_\_\_\_\_ you were assigned to \_\_\_\_\_ hours community service to be supervised by the Jackson County Community Corrections Department. Your initial Community Corrections fee is \$\_\_\_\_\_, a total of \$\_\_\_\_\_, is due on \_\_\_\_\_.

**FEES CAN NOT BE WORKED OFF!** You may also be assessed fees as applicable for any further drug screens conducted by this department.

I, \_\_\_\_\_, do hereby consent to work for Jackson County Community Corrections. I do understand that work could be along roadsides and knowing that potential hazards do exist, do hereby release Jackson County and any employees from claim or cause of action as a result of my participation in the above mentioned activity. I also understand that I must follow the schedule assigned to me by this office and if I have even one unexcused absence that my file may be turned over to Probation or the appropriate authorities for a revocation of my sentence.

If you are going to be absent from any scheduled community service hours, **YOU MUST** call this office **BEFORE** your scheduled hours AND we may require you to bring in a physician's excuse or your employment time card to verify the reason for your absence. **DO NOT HAVE FAMILY OR FRIENDS CALL - YOU MUST CALL.**

I do hereby agree to work when scheduled and will do so to the best of my ability knowing that I may also be revoked for not having completed my assigned work satisfactorily.

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_**

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**COMMUNITY CORRECTIONS**

