BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER
RESTORATIVE COMMUNITY SERVICE PROGRAM (RCSP)

YOUTH APPLICATION PACKET

Submit

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WHAT IS IT?

RESTORATIVE COMMUNITY SERVICE PROGRAM (RCSP) IS DOING SOMETHING POSITIVE FOR YOUR COMMUNITY. IT CAN BE VERY DIFFICULT TO GO BACK TO THE COMMUNITY WHERE YOU COMMITTED THE CRIME. YOU MAY NOT FEEL A PART OF THE COMMUNITY, BUT YOU ARE. THE COMMUNITY WANTS YOU AS A POSITIVE MEMEBER AND WANTS YOU TO "MAKE RIGHT" ANY WRONGS YOU HAVE DONE. YOU CAN EARN A POSITIVE PLACE IN THE COMMUNITY BY DOING POSITIVE COMMUNITY SERVICE. IT WILL HELP CONNECT YOU WITH THE COMMUNITY IN A GOOD WAY.

- A CHANCE TO "MAKE THINGS RIGHT" FOR YOUR CRIME.
- BEING POSITIVELY INVOLVED IN YOUR COMMUNITY
- ABOUT BEING ACCOUNTABLE FOR YOUR ACTIONS
- SEEING VALUE IN WHAT YOU'RE DOING
- WORKING WITH RESPONSIBLE COMMUNITY MEMBERS ON TASKS THE COMMUNITY VALUES

WHAT IT ISN'T

- JUST ABOUT DOING PUNISHMENT
- DOING SOMEONE ELSE'S DIRTY WORK
- DOING USELESS TASKS TO KILL TIME

GOALS FOR RESTORATIVE COMMUNITY SERVICE

- YOU BECOME MORE INVOLVED IN COMMUNITY ACTIVITIES
- A POSITIVE STEP TOWARDS MAKING AMENDS FOR YOUR CRIME
- SOMETHING POSITIVE TO DO WITH YOUR TIME

NAME: _____

CAUSE #: _____ **RO#:** _____ **(NEED FOR CREDIT)**

JUVENILE PROBATION COUNSELOR: _____

REVIEWED BY STAFF: _____ ON _____(DATE)

BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER

RESTORATIVE COMMUNITY SERVICE PROGRAM (RCSP)

COMMUNITY RESTITUTION HOURS

Youth wanting to complete Community Restitution Hours on the RCSP work crew must bring with them the following completed documentation:

- Participation Agreement (signed by youth and parent)
- Liability Release Form (signed by youth and parent)
- Medical Information Form (signed by parent)
- RCSP Job description (initialed by parent)

Youth are to report to the Detention Center Lobby on any scheduled RCSP day as directed by the JPC. A list of scheduled crew days and times is available. Youth will be allowed to participate only if room is available, they have all attached forms signed, and they meet eligibility requirements. Preference is given to Drug Court Sanction youth and then it's first come first serve for open crew slots. Youth will receive a minimum of 2 hours credit for appearing if they are turned away due to a full crew. Youth participating may receive up to 8 hours credit depending on performance and length of scheduled activity.

RCSP PARTICIPATION AGREEMENT

YOUTH RESPONSIBILITIES

1. Behave in an appropriate manner including having a positive attitude and being a productive part of the team.
2. Seatbelts are required at all times for all youth. Youth 16 or older can be personally cited. Failure to adhere to seatbelt law will result in immediate consequences.
3. Work at an assigned task until finished or until advised to do something else by the supervising staff.
4. Dress appropriately. Shoes are required at all times. No sandals or open-toe shoes. DO NOT wear gang attire, gang colors or revealing attire. Be advised that most projects will be outside; dress accordingly.
5. Portable radios, stereos, cigarettes and lighters are contraband. If you show up with any of these items, they will be taken from you and returned at the end of the day.
6. The Juvenile Justice Center is NOT responsible for tracking your property or personal effects.
7. Friends/Guests WILL NOT be allowed to attend. They may only drop you off or pick you up.
8. Intentional malicious damage to any county property or persons will result in an immediate termination. Charges will be filed.

BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER

RESTORATIVE COMMUNITY SERVICE PROGRAM (RCSP)

COMMUNITY RESTITUTION HOURS

EXPECTED YOUTH BEHAVIOR

To ensure your safety and the safety of the public, you are expected to follow these rules:

a. Work hard
b. Be respectful at all times
c. Stay on task
d. Ask for help if you don't understand a task.
e. Be polite and use appropriate language at all times
f. Keep hands to self
g. Tell someone to stop if they're bothering you
h. Report to staff if the problem persists

Parent / Legal Guardian Responsibilities

1) Read and understand the Restorative Community Service information sheet and job description so that you can encourage your child to approach his/her obligation with the appropriate attitude.
2) Ensure that your child arrives **on time** and properly dressed according to the dress code.
3) Read all documentation included in this packet.

RCSP Staff Responsibilities

RCSP staff will provide supervision from the time the juvenile is admitted to the RCSP work crew until the crew is dismissed for the day. Parents may request to be notified of the anticipated return time so they can make arrangements for the juvenile's transportation home. RCSP staff will not provide supervision beyond the scheduled crew hours unless specific arrangements are made with the parent ahead of time. The RCSP staff will provide a safe work environment, lunch, and water to the youth.

Youth Acknowledgement

In signing below, I acknowledge that I understand the RCSP expectations as provided in this document. Further, I agree that should I fail to abide by these expectations, I may be terminated from the crew and lose any credit for that day. I will do my best to make this a positive experience for myself, the others on my RCSP crew, and the community.

_____
Youth Name

☐ Select if telephonically approved

_____ _____
Youth signature Date

Parent / Legal Guardian Acknowledgement

In signing below, I acknowledge that I agree with the information in this document, that I have accurately completed the Medical Screening Form, that I have signed the Liability Release Statement, and that I have reviewed and initialed the Job Description.

_____ _____
Parent / Legal Guardian Name – PLEASE PRINT Relationship to youth

☐ Select if telephonically approved

_____ _____
Parent / Legal Guardian Signature Date

BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER
RESTORATIVE COMMUNITY SERVICE PROGRAM (RCSP)

5606 W. CANAL PLACE ✦ SUITE 106 ✦ KENNEWICK, WA 99336

LIABILITY RELEASE STATEMENT

I, _____(PARENT/GUARDIAN), in exchange for the opportunity for my child to participate in the Restorative Community Service Program (RCSP), hereby release and forever discharge Benton County, Franklin County, and the Benton-Franklin Counties Juvenile Justice Center, it's officers, officials, employees and agents (collectively, the "Counties"), from any and all claims, demands, damages, costs, expenses, actions, and causes of action arising out of or resulting from or in any other way connected to my child's participation in the RCSP. This liability release includes, but is not limited to any and all claims, demands, damages, costs, expenses, actions, and causes of action arising against Benton County, Franklin County, or the Program Supervisors, to whom my child may be assigned as a participant, for any injuries that my child may suffer while participating the RCSP, at the RCSP work site, while engaging in any RCSP activities, and /or while being transported to and from the RCSP work site or activities.

I further agree to hold harmless, indemnify and defend the Counties from and against any and all claims, actions, suits, liability, loss, expenses, damages, and judgments of any nature whatsoever, including reasonable costs and attorneys' fees in defense thereof, for injury, sickness, disability or death to persons or damage to property or business caused by or arising out of my child's participation in the RCSP.

I certify that I have reviewed the attached RCSP job description and that my child has no medical, physical, or other condition that may interfere with his/her ability to participate in the RCSP.

I authorize medical professionals to examine my child in the event of injury or serious illness and administer emergency care to my child. I understand that reasonable effort will be made to contact me to explain the nature of the problem prior to any treatment. In the event it is determined that medical care and/or treatment for my child is needed, I assume full responsibility for any and all costs and expenses associated with that care and/or treatment.

_____
Printed Name of Youth

☐ Select if telephonically approved

_____ _____
Signature - Parent / Legal Guardian Date

BENTON & FRANKLIN COUNTIES JUVENILE JUSTICE
CRP YOUTH MEDICAL SCREENING FORM

YOUTH'S NAME: _____ Emergency phone #_____ Name of Insurance_____ Plan or policy #_____			D.O.B.: _____ Age: _____ Family Physician_____
1. Do you require an EPI pen for bee stings?	Yes ☐	No ☐	If Yes give details:
2. Do you have diabetes that requires injections?	Yes ☐	No ☐	If Yes, give details.
3. Are you allergic to any foods or medications? (Please list.)	Yes ☐	No ☐	If Yes, give details.
4. Have you experienced a seizure in the last 5 years?	Yes ☐	No ☐	If yes, give details.
5. Do you have any history of heart problems?	Yes ☐	No ☐	If yes, give details.
6. Have you experienced back pain in the last year?	Yes ☐	No ☐	If yes, give details.
7. Do you have any history of respiratory problems?	Yes ☐	No ☐	If yes, give details.
8. Have you been diagnosed as a hemophiliac? (bleeder)	Yes ☐	No ☐	If yes, you must inform staff on site of your condition.
9. Are you taking any medications at this time?	Yes ☐	No ☐	If yes, what kind and for what purpose?
10. Are you under a doctor's care for any condition that may limit your ability to perform work crew tasks?	Yes ☐	No ☐	If yes, give explanation
11. Have you had surgery of any kind in the past year?	Yes ☐	No ☐	If yes, give explanation.
12. Are you now Pregnant, or have you recently given birth?	Yes ☐	No ☐	If yes, in what term of pregnancy are you, or what is the age of your child?

Is there a day you are unable to participate in the Community Restoration Project? ☐ YES ☐ NO

If yes, reason you are unable:

If you answered "YES" to any of these questions, a medical release may be required by a physician before your child will be permitted to participate on the Work Crew.

Select if telephonically approved ☐

PARENT/GUARDIANS NAME: _____ _____

PRINT NAME ***SIGNATURE***

DATE: _____

Distribution: WC Supervisor

REVIEWED BY STAFF:_____ ON _____(DATE)

BENTON-FRANKLIN COUNTIES

JUVENILE JUSTICE CENTER

DARRYL BANKS, Administrator
Juvenile Court Services

SUPERIOR COURT OF THE STATE OF WASHINGTON

5606 W CANAL PLACE, SUITE 106 • KENNEWICK, WASHINGTON 99336-1388
PHONE (509) 783-2151 • FAX (509) 736-2728

DARIN R. CAMPBELL
ARTHUR D. KLYM
DIANA N. RUFF
Court Commissioners

RESTORATIVE COMMUNITY SERVICE PROGRAM
JOB DESCRIPTION

Job Summary

Youth who have met the requirements to participate in Restorative Community Service must be physically able to perform the work assigned to them. The average workday is six hours. The majority of the work assignments are done year around outdoors, subjecting youth to all types of weather conditions. Some jobs involve picking up litter along highways and roadways, while others may involve landscaping duties in parks. On occasion, there may be cleaning and painting duties. The tasks youth may be called upon to perform include, but are not limited to:

Tasks

Bending/stooping, with possible lifting involved
Carrying and/or lifting 50 or more pounds
Climbing stairs, steps, hills, and slopes
Crawling
Exposure to cleaning/painting chemicals
Pushing/pulling
Reaching over head
Twisting
Walking on uneven ground
Walking extensive distances, possibly as far as 7 – 8 miles per day

Equipment to be used by participants in Restorative Community Service, includes, but is not limited to:

Cleaning mops, brushes, rags
Paintbrushes
Pick Axes
Rakes
Shovels
Other small hand tools
Power tools (i.e. lawn mower & weed eater) for those meeting OSHA requirements

Your initials indicate you have read this job description.

Parent's Initials: _____