

COMMUNITY SERVICE WORK VERIFICATION FORM
Non-Profit Organizations Only

TO BE COMPLETED BY SUPERVISOR

CS Worker's Name & Case # _____

Name of Non-Profit Organization: _____

Address of Non-Profit Organization: _____

Phone of Organization/Supervisor: _____

Printed name of Supervisor: _____

Signature of Supervisor: _____

| <u>Circle One</u> | <u>Exc</u> | Above <u>Avg</u> | <u>Avg</u> | Below <u>Avg</u> | <u>Poor</u> |
|--|------------|---------------------|------------|---------------------|-------------|
| Follows instructions | 5 | 4 | 3 | 2 | 1 |
| Does he/she produce quality work? | 5 | 4 | 3 | 2 | 1 |
| Does his/her share of the work? | 5 | 4 | 3 | 2 | 1 |
| Is he/she punctual? | 5 | 4 | 3 | 2 | 1 |
| Works well with others? | 5 | 4 | 3 | 2 | 1 |
| Requires minimal supervision or direction? | 5 | 4 | 3 | 2 | 1 |

DATE OF EVALUATION: _____

| Date | Task | Time In | Time Out | Total Hours |
|------|------|---------|----------|-------------|
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Hours Required to Work: _____ Date to be Completed: _____

Hours In Lieu Of: Fines Jail Mandatory Hours

Return To:
Whitman County Probation
PO Box 230
Colfax, WA 99111-0230

If the defendant fails to appear for scheduled appointment or does not provide the specified services in a satisfactory manner, please contact the Whitman County Probation Office at 509-397-6265 immediately. These also may be faxed to: 509-397-5594. Failure to perform community service hours in a satisfactory manner will result in these hours being revoked and the option of community service being denied. Jail time and/or fines will be imposed. These may not be done for a family member, fraternity, sorority, or on line.