

CENTRAL OZARK SERVICE PROGRAM--COSP
200 N MAIN STREET, SUITE 313 ROLLA, MO 65401
PHONE: 573-458-6069 FAX: 573-458-6068

NAME:

ADDRESS:

CITY/STATE/ZIP: _____

PHONE: (Home) _____ (Work) _____

DATE OF BIRTH: _____ SEX: _____

COURT CASE NO: _____ PROBATION OFFICER: _____

EMPLOYER: _____ OCCUPATION: _____

WORKING HOURS:

EDUCATION (Circle Highest Completed): 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

SPECIAL COURSES/TRAINING:

TIME AVAILABLE FOR COMMUNITY SERVICE

ASSIGNMENT:
ENT:

PHYSICAL LIMITATIONS?

PLEASE READ THESE CONDITIONS THOROUGHLY

I authorize a background check if COSP deems necessary.

I will work the days, hours, and worksite agreed upon and alter them only with the permission of COSP.

I will not violate any state or municipal ordinance.

I will maintain appropriate attitude, dress, and work efficiency while performing community service work and follow any reasonable terms or directions given by the agency to which I am assigned, including any non-smoking policies.

I will not consume intoxicants within 24 hours before any community service activity.

I will report to this office any circumstances that would affect my ability to follow the above requirements. This includes: change of address, change in employment status, serious illness or disability, and transportation problems.

I, _____ hereby certify that:
(PRINT)

1. The Community Service Program has been explained to me and I understand that the program is voluntary.

2. I am aware that in performance of this voluntary service, I am not deemed to be an employee of such organization or agency, and, therefore, I am not covered by the organization or agency for which the service is performed under unemployment or workers compensation insurance.

3. I am aware that the organization or agency for which the service is performed is immune from any suit by me or any persons deriving a cause of action from any injury to me except for an intentional tort as provided by section 559.021.3, RSMO 1986.

4. I understand that the Court has designated the number of hours of community service and that COSP will designate the organization or agency for which the service is to be performed and will endorse hereon that information and place a copy of this application and release in the record of this case.

5. I further confirm that all information given to Central Ozarks Service Program, Inc., regarding my work history, criminal history, and physical and mental condition is true and correct.

6. I have read or have had read to me this application and release for permission to perform voluntary community service and fully understand the meaning of this application. I declare under penalty or perjury that all of my statements made herein are true and correct.

I will pay a non refundable fee of \$ _____. (Make check or money order payable to COSP).

1-40 HOURS	\$75.00
41-100 HOURS	\$100.00
OVER 100 HOURS	\$1.00/HOUR
REINSTATEMENT FEE	\$25.00
TRANSFER FEE	\$25.00

I understand that I will volunteer my services without compensation of any kind and realize that as a COSP worker I am not an employee of COSP, the Court or Agency to which I am assigned.

I understand that if I do not follow the requirements as set forth above and fail to complete these hours agreed upon, or follow the work schedule as arranged with our supervisor until the total of _____ assigned hours are completed on or before _____ (Date assigned by court or PO), I will be returned to the Court for further sentencing. Such action may be initiated before my completion deadline.

I HAVE READ AND UNDERSTAND THE PROVISIONS SET FORTH ABOVE

DEFENDANT (SIGNATURE)

INTERVIEWER (SIGNATURE)

DATE