



**COUNTY OF SANTA BARBARA
PROBATION DEPARTMENT**

415 East Cypress Ave., Lompoc, CA 93436, Phone (805) 737-7746
2121 So. Centerpointe Parkway, Santa Maria, CA 93455, Phone (805) 739-8627
117 E. Carrillo Street, Santa Barbara, CA 93110, Phone (805) 882-3703

Community Service Work Application and Waiver of Liability

APPLICATION FOR ENROLLMENT:

Sex: Male Female

Name: _____ Date of Birth: _____

Mailing Address: _____ Tel. (home): () _____
Tel. (cellular): () _____

City: _____ County: _____ State: _____ Zip Code: _____

Employer's/School Name: _____ City: _____ Phone: _____

Days available for work program: _____ Weekdays only _____ Weekends only

List medical and/or physical conditions that limit your ability to work: _____

Have you ever been arrested for conduct involving sex, drugs, arson, theft, or violence (including Domestic Violence)?

If you have checked any of the above, please describe: _____

WAIVER OF LIABILITY:

I have been referred by the Court or my Probation Officer, to complete community service work hours. I am applying to participate in the Community Service Work Program operated by the Santa Barbara County Probation Department. As a participant in this program, I understand and agree to the following:

That I will not be considered an employee of the County of Santa Barbara, The Superior Court, nor of any worksite to which I may be referred, and

That neither the County of Santa Barbara, The Superior Court, nor the worksite will cover me with any insurance, including accident, medical, liability, Worker's Compensation, disability, or any other insurance.

I agree to defend, indemnify, and hold harmless the County of Santa Barbara, The Superior Court, and any worksite to which I am assigned, and their respective officers, employees, and agents, from and against any and all loss, liability, charges, and expenses (including attorney fees), and causes of whatever character may arise from participation in said program, and

I accept full financial and legal responsibility for any injuries or liabilities I may incur or cause to others while a participant in the program.

I authorize the Probation Department, The Superior Court, and the assigned worksite to share information about my case which includes but is not limited to the offense for which I am enrolling in CSW, or on probation, my probation status, and any of my medical or physical conditions that limit my ability to work.

I have read and agree to the "Waiver of Liability" expressed above, I have reviewed the information on the reverse of this sheet, and I certify that I have made full disclosure on this application about my medical/physical limitations, and my arrest record as it pertains to behavior involving sex, theft, drugs, arson and violence. I understand that I may be terminated from the work program for failure to make full disclosure.

Date: _____ Signature: _____

Date: _____ Parent/Guardian: _____

Worksite Selection

