

**YOUTH NAME:** \_\_\_\_\_

**BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER  
COMMUNITY RESTORATION PROJECT (CRP)**

5606 W. CANAL PLACE + SUITE 106 + KENNEWICK, WA 99336  
509-736-2769

**Program Orientation**

**When:** Friday, \_\_\_\_\_ at 3:30 PM

**Where:** Juvenile Detention Center Phone # 783-2151 Ext. 2769

**\*\*\* IMPORTANT \*\*\***

**Community Restoration Project is an alternative to secure Detention. The purpose is to provide the juvenile an opportunity to be accountable for their behavior in a way that is valued by the community and is a positive experience for the juvenile. Participation is contingent upon juvenile meeting eligibility requirements and compliance with all program rules.**

- Youth must report to their assigned orientation as noted above and bring with them the following completed documentation. Parents are encouraged to attend, however are not required provided they have reviewed, signed, and understand the following enclosed documents:
  - Participation Agreement
  - Liability Release Form
  - Medical Information Form
  - CRP Job description (initialed by parent)
- Failure to attend orientation or provide the required completed documents may result in termination from the program and having to serve the time in detention.
- **There is no cost to the parents for the CRP.**
- Once CRP dates are scheduled, youth **MUST** appear on time and be prepared to work according to Participation Agreement. If you require a change in scheduled dates due to an unforeseen conflict, report to the next orientation to make this request. Orientations are held each Friday at 3:30 PM.
- Contact : **Detention Secretary @ 736-2769** for any questions or concerns.

# BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER

## COMMUNITY RESTORATION PROJECT (CRP)

5606 W. CANAL PLACE + SUITE 106 + KENNEWICK, WA 99336  
509-736-2769

### CRP PARTICIPATION AGREEMENT

#### Youth Attendance:

Youth are expected to attend CRP every day for which they have been scheduled. The CRP Crew will meet in the waiting room of the Juvenile Detention Center. Youth must arrive 15 minutes prior to the time and date listed on the schedule that they received at orientation.

Failure to follow the expectations outlined below and the expectations provided at the Orientation may result in no credit for the day. Severe behavior problems may result in a violation requiring the juvenile to serve the remaining days in detention.

From time to time, emergent situations might arise that cause a youth to miss a scheduled CRP day. The list of acceptable reasons for missing a CRP day is presented below. In very rare situations, other reasons might be acceptable. Written documentation will be required to support the reason given.

- Debilitating injury to youth
- Death in immediate family
- Scheduled to appear in court

Missing a scheduled CRP day for any unexcused reason will result in the remainder of the court ordered days being converted to secure detention. **Youth are required to call Linda Brown @ 736-2769 immediately following a missed scheduled CRP day, leaving a detailed message explaining why youth missed the scheduled day.**

#### Youth Responsibilities:

- 1) Arrive prepared for work by the scheduled time. Those youth arriving later than the scheduled time will likely be refused the ability to participate in the CRP and risk completing his/her sentence in detention.
- 2) Follow the rules and expectations as provided at the Orientation.
- 3) 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.
- 4) Share all information that you receive at the Orientation with your parents.
- 5) Participate in a positive way on CRP and behave in a way that allows others to do the same.

**Parent / Legal Guardian Responsibilities:**

- 1) Read and understand the CRP philosophy and Job Description so that you can encourage your child to approach his/her obligation with the appropriate attitude.
- 2) If you do not attend the orientation, ask you child for the information that was presented.
- 3) Ensure that your child arrives **on time** and properly dressed according to the Dress Code provided at the Orientation.
- 4) Read all documentation included in this packet and the following documents that will be given at the Orientation Meeting:
  - Youth's assigned schedule
  - Dress Code and General behavior expectations
- 5) Understand that there is no charge for days served on CRP

**CRP Staff Responsibilities:**

CRP staff will provide supervision between the scheduled begin and end times. The parent is responsible for supervision before the begin time and after the end time. Should an emergency arise so that the parent is a few minutes late in picking up their child, the parent can contact the Detention Supervisor or the CRP Staff to request that their child wait for their arrival in the Detention Lobby. The CRP staff will provide a safe work environment, lunch, and water to the youth.

**Youth Acknowledgement**

In signing below, I acknowledge that I understand the CRP expectations as provided in documents and at the orientation. Further, I agree that should I fail to abide by these expectations, it is very likely that I will be required to complete my court ordered days in detention. I have also read and heard the ideas behind CRP and would like the opportunity to serve my days on CRP instead of detention. I will do my best to make this a positive experience for myself, the others on my CRP crew, and the community.

\_\_\_\_\_  
Youth Name - PLEASE PRINT

\_\_\_\_\_  
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

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

# BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER

## COMMUNITY RESTORATION PROJECT (CRP)

5606 W. CANAL PLACE + SUITE 106 + KENNEWICK, WA 99336  
509-736-2769

---

---

### LIABILITY RELEASE STATEMENT

I, \_\_\_\_\_ (PARENT/GUARDIAN), in exchange for the opportunity for my child to participate in the Community Restoration Project (CRP), hereby release and forever discharge Benton County, Franklin County, and the Benton-Franklin Counties Juvenile Justice Center, its 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 CRP. 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 CRP, at the CRP work site, while engaging in any CRP activities, and /or while being transported to and from the CRP 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 CRP.

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

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

---

Signature - Parent / Legal Guardian

---

Date

**BENTON & FRANKLIN COUNTIES JUVENILE JUSTICE**  
**CRP YOUTH MEDICAL SCREENING FORM**

<b>YOUTH'S NAME:</b> _____  Emergency phone # _____  Name of Insurance _____  Plan or policy # _____	D.O.B.: _____  Age: _____  Family Physician _____
--	---

<b>1.</b> Do you require an EPI pen for bee stings?	Yes	No	If Yes give details:
<b>2.</b> Do you have diabetes that requires injections?	Yes	No	If Yes, give details.
<b>3.</b> Are you allergic to any foods or medications? (Please list.)	Yes	No	If Yes, give details.
<b>4.</b> Have you experienced a seizure in the last 5 years?	Yes	No	If yes, give details.
<b>5.</b> Do you have any history of heart problems?	Yes	No	If yes, give details.
<b>6.</b> Have you experienced back pain in the last year?	Yes	No	If yes, give details.
<b>7.</b> Do you have any history of respiratory problems?	Yes	No	If yes, give details.
<b>8.</b> Have you been diagnosed as a hemophiliac? (bleeder)	Yes	No	If yes, you must inform staff on site of your condition.
<b>9.</b> Are you taking any medications at this time?	Yes	No	If yes, what kind and for what purpose?
<b>10.</b> 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
<b>11.</b> Have you had surgery of any kind in the past year?	Yes	No	If yes, give explanation.
<b>12.</b> 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.*

PARENT/GUARDIANS NAME: \_\_\_\_\_

*PRINT*

*SIGNATURE*

DATE: \_\_\_\_\_

*Distribution: WC Supervisor*

JUDGES  
Hon. Carrie L. Runge  
Hon. Cameron Mitchell  
Hon. Bruce A. Spanner  
Hon. Alexander C. Ekstrom  
Hon. Jacqueline J. Shae-Brown  
Hon. Joseph M. Burrowes  
Hon. Samuel P. Swanberg

# 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

JERRI G. POTTS  
JACQUELINE STAM  
PAMELA E. PETERSON  
Court Commissioners

## **Community Restoration Project (CRP)**

### **JOB DESCRIPTION**

#### **Job Summary**

Youth who have met the requirements to participate in the Community Restoration Project 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 the CRP, 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 Signature indicates that you have read and understand this job description.**

**Parent's Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_