

# SENTENCING TO SERVICE

## CREW MEMBER PROGRAM PACKET

NAME: \_\_\_\_\_ County: \_\_\_\_\_ Court File # \_\_\_\_\_  
(Please Print)

A sentencing court has referred you to the Sentencing to Service Program. You are volunteering to participate in this STS Program in lieu of other court ordered sanctions. This packet describes the program and what is expected of you. If you do not complete your specified time or do not follow the rules and policies of the program, the sentencing court will be notified and alternative actions will be considered.

As an STS crewmember, you may be the subject of Minnesota Department of Corrections' (DOC) public relations material and/or media coverage. When you sign this agreement you are authorizing the DOC and/or media to photograph, interview, film, record, etc., your participation in the STS program and use this material for any legitimate purpose, including transfer of the material to another entity or any legitimate purpose.

When you sign this agreement, you are acknowledging that you have read, understand and agree to comply with the conditions noted above and below. You are also declaring that the information you have provided here is true, accurate and complete. Please be aware that medical information you provide may be released to medical professionals in the event of an emergency.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under eighteen (18) years of age, your parent or guardian must consent to your participation in the STS Program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* **NOTE:** In case of an early return to the pick up site, include the name and phone number of a responsible adult.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Forms/Acknowledgments to be completed before starting work:

- \_\_\_ Signature Page
- \_\_\_ Offender Medical Information Sheet
- \_\_\_ Program Description
- \_\_\_ Intake/Referral Form (if applicable)
- \_\_\_ STS Labor Contract (if applicable)

**Minnesota Department of Corrections**  
**OFFENDER MEDICAL INFORMATION SHEET**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Soc. Sec#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ FILE #: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

To assist with job or task assignment, check the following if you have had or are now experiencing:

- Poison Ivy Allergy
- Allergic to Bee Stings
- Other Allergies
- Fainting or Blackouts
- Heart Trouble
- Heat Stroke
- Frostbite
- Epilepsy
- Diabetes
- Asthma
- Now Pregnant
- HIV Positive
- Hemophilia
- Back Injury
- Cancer
- Other Disabilities/Impairment

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ have a medical restriction that limits the type of service or labor that I can perform.

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Identify any/all medication you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

I AM \_\_\_\_\_ I AM NOT \_\_\_\_\_ currently under a doctor's orders regarding work.

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Are you presently receiving Medical Assistance? \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ Insurance Company: \_\_\_\_\_

I understand that if I am injured while performing work service I **must** notify my STS crew leader **immediately**. I also understand that my medical insurance must be used to pay for medical costs. If I do not have any medical insurance or I have costs that are not covered by my insurance, I must contact my STS crew leader within 30 days of the date of the injury to file a claim or otherwise I will assume full responsibility for my medical costs.

I declare under penalties of perjury that I have examined this document and that it is true, correct and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# SENTENCING TO SERVICE

## TO THE NEW CREW MEMBER

You have chosen to participate in the Sentencing to Service Program. The work may be very challenging and physical, but you will not be asked to do anything beyond your capabilities. If you are unable to perform an assigned task or need other special considerations, it will be your responsibility to inform the crew leader. Your cooperation is extremely important. You are expected to perform as any employee would, within the framework and rules of the STS Program.

### WORK REQUIREMENTS

#### **SAFETY**

Safety will always be the main priority. All injuries, no matter how minor, must be reported to the crew leader or supervisor immediately. You will receive instruction on how to use specific tools and appropriate safety equipment. It is your responsibility to check equipment to ensure that it is in good working order. Any equipment that needs repair is to be reported to your crew leader.

1. Safety equipment will always be worn where required.
2. Seat belts will be worn while traveling in any STS vehicles.
3. Power tools will only be operated with permission of your supervisor.
4. Behavior deemed to be unsafe or inappropriate will not be tolerated. It will result in severe disciplinary action!
5. Accident/Injury requires mandatory Reporting

**All injuries, however minor, must be reported to the crew leader immediately. Proper medical attention will be provided.** All medical claims for injury received after thirty (30) days may be denied.

The crew leader is trained to provide first aid for minor injuries. If you are injured while performing STS duties and you need more medical attention, those services will be made available to you.

A crewmember that has **medical assistance coverage or private health insurance** shall provide that information at the time of medical service. You are responsible for any medical bills you incur, until it can be established that you were injured on the job. If you have no other insurance coverage to pay a claim, the State of Minnesota will pay your medical expenses at medical assistance rates. Follow-up care for your injury must be pre-approved in order to be considered for payment. Your crew leader will provide further information about this.

At a convenient time, after emergency medical treatment, the crew leader will ask you to sign a medical claim and a release form. This will allow the Department of Correction's Claims Officer to review your medical bills for payment. Failure to sign the necessary forms may result in the denial of payment of your claim.

**DAILY SCHEDULE**

You must report to the pickup site at the designated time. Your workday begins when you report and ends when the crew leader releases you. If you expect to be late or absent, notify the crew leader or referral agency.

**WEATHER/CLOTHING**

The Sentencing to Service Program operates year around, indoors and out-doors, in all types of weather. It is your responsibility to come to work prepared. If severe or extreme weather conditions force cancellation of work, the crew leader will attempt to notify you prior to your reporting to work. If you do report and find work has been cancelled, you will receive credit for two- (2) hour's work. You will however be asked to provide some documentation that you reported. This may be done through either the probation office or Sheriff's office.

You are responsible for dressing appropriately for the weather and the season. If the crew leader or supervisor feels you are not dressed appropriately, you will be sent home and reported as unexcused and absent for the day. During cold weather, it is recommended that you wear layered clothing. Safety toed work boots or hard-soled shoes are recommended for the job. If it looks like rain, you should bring rain repellent outerwear. Halter-tops or bathing suits are not acceptable at any time. Tennis shoes and cowboy boots may not be acceptable, depending on the nature of the work. The jobs often involve activities where you or your clothes may get dirty. Wearing old clothing is highly recommended.

**Minimum**

Jeans or work pants  
Long-sleeved work shirt\*  
Hard-soled shoes  
Rain jacket

**Recommended**

Layered clothing during cold weather  
Safety-toed work boots  
2-piece rain gear

\* Crew Leaders may allow T-shirts and knee length shorts under certain work conditions.

## **HARASSMENT**

The Sentencing to Service Program will not tolerate harassment of any kind. Such as:

### **GENERAL HARASSMENT:**

1. Excluding people from orientation or teamwork.
2. Being disrespectful, belittling, demeaning, insulting or using profane language.
3. Repeatedly making a person or a characteristic unique to a person, the object of jokes.
4. Ridicule of a person for any reason.
5. Sabotage of a person's character, reputation, work efforts or property.
6. Unequal assignment of the "dirty work" or repeated assignments to less challenging duties not based on ability.
7. Unequal application of performance standards, discipline or work rules.

### **RACIAL AND ETHNIC HARASSMENT:**

1. Any behavior listed above which refers to race, color, heritage or national origin.
2. Telling jokes or making derogatory remarks about someone's race or national origin.
3. Use of language implying inferiority of a race or national heritage.
4. Criticism of one's civil rights activities.

### **SEXUAL HARASSMENT:**

1. Any of the previously listed forms of treatment, which a person finds objectionable, based on one's sex.
2. Unwanted sexual comments, looks or references to one's clothing, body or sexual orientation.
3. Unwanted touching, brushing against another's body, patting or pinching.
4. Demanding sexual favors, expressed or implied, or overt threats about conditions of employment.

5. Displaying pictures or objects in work areas that depict nude or inadequately clothed women or men.

**RELIGIOUS AND PERSONAL HARASSMENT:**

1. Any behavior listed above, which could be applied to one's religion, disability, age or veteran status.
2. Use of demeaning, derogatory names or remarks about one's religion, disability, age or military service.

If you have any questions or you believe harassment has occurred, follow these steps:

**Harassment From**

1. Crewmember to crewmember - Report immediately to your crew leader.
2. Crew leader to crewmember - Report immediately to your probation officer, restitution coordinator, or to the Sentencing to Service Supervisor.
3. Crew member to crew leader -- crew leader reports immediately to STS Supervisor.

**DISCIPLINE:**

Your placement in the STS Program is a privilege. Acting out behavior may result in disciplinary action administered by your crew leader.

Actions may include: A verbal reprimand, a written reprimand forwarded to your probation officer, loss of work hours or possible removal from the STS Program and a return to the pick up site.

Credit for your hours of work will only be given if you have been productive. The crew leader will determine how many hours of work you will be credited for each day.

The following behaviors will not be tolerated and will result in disciplinary action:

Unexcused absences; tardiness

Leaving the job site early or without permission, taking extended or unauthorized breaks

Violation of safety rules or practices

Tool misuse or abuse

Profanity

Horseplay

Intimidation, threats to crewmembers (verbal aggression)

Harassment of others

Insubordination (failure to follow instructions; disobedience; disrespect)

Serious acts of aggression; physical violence  
Destruction of property due to misuse, negligence or malicious intent  
Poor work attitude and/or performance  
The use/possession of alcohol and/or drugs on the work site or during work hours  
Gambling  
Possession of fireworks  
Possession of firearms or other weapons

Note: Other actions, not specified above, will be dealt with at the discretion of the crew leader or the Sentencing to Service Supervisor.

### **TOOLS**

Each day you will be issued tools and safety gear for projects you work on. It will be your responsibility to check the tools and equipment. Notify your crew leader immediately if your equipment is damaged or not serviceable. You will receive training in the proper use of the equipment. At the end of each day, you are responsible for cleaning, servicing and returning your equipment to the crew leader. Report any problems you have had to your crew leader. Make sure your crew leader checks off your equipment as you return it.

### **MISCELLANEOUS**

Bring your own lunch and personal need items. Be aware that toilet facilities may not be available at work sites.

Crewmember possession and use of a cell phone while on STS is at the discretion of the crew leader.

During the workday, you will be allowed one 15-minute break, morning and afternoon. One 30-minute lunch break will be taken at 12:00. The crew leader will determine break times.

Smoking on a crew is a local program decision. If allowed, it will only occur at lunch and during breaks, in designated smoking areas. The law prohibits juveniles from using tobacco products. Smoking is not allowed in any STS vehicle. Littering, to include cigarette butts, wrappers, etc. at work sites or in vehicles will not be tolerated.

\* \* \* \* \*

The majority of clients who have participated in the STS Program have found it to be a very positive experience. The program is designed to provide "real world" job experience. Please read and make sure you understand what is expected of you. Once you start the STS Program, your crew leader will make decisions that affect you. Be sure you have his/her name and phone number available.

**Crew Leader:** Darwin Tollefson **Phone:** 952-496-8928