

**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>	<u>Above Avg</u>	<u>Avg</u>	<u>Below 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

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.