

EVOLUTION

Evolution Mission: To help young people mature through leadership and positive interactions with law enforcement and mentors.

Evolution Overview

Evolution is a 6-9 month diversion program through a partnership with the Seminole County Sheriff's Office and the State Attorney's Office, specifically addressing at risk youths between the ages of 10 and 17.

Youth in Evolution are required to meet **weekly on Tuesdays from 6:00 pm to 7:30 pm**. Youth will be required to attend a Life Skills Program implemented by the Evolution program. Other activities may also be scheduled as needed. An activity calendar will be provided as early as possible each month. Youth are responsible to arrange their own timely transportation.

Youth are expected to attend school without unexcused absences, tardiness or disciplinary problems and are required to maintain passing grades in school. Youth are required to notify their assigned Evolution advisor immediately of ANY school referrals or disciplinary infractions. Evolution staff will obtain school records on all of the above and review with the youth and parent at a monthly treatment team meeting that the parents are required to attend.

Youth must remain free of alcohol and drugs, including tobacco. Youth will be required to submit to random, unannounced tests for drugs and/or alcohol. Failure to comply with this requirement is a serious violation of Evolution rules and may result in dismissal of the youth from the Evolution Program.

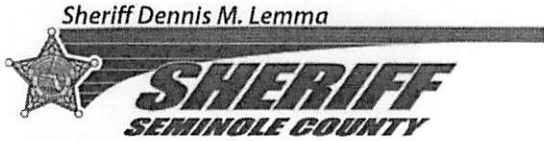
Youths are expected to obey all federal, state, and local laws and ordinances, including traffic laws. Failure to do so is considered a serious violation of Evolution rules and may result in dismissal of the youth from the Evolution Program. If youth receive a traffic citation or are involved in a traffic crash, the youth must report this immediately to his or her advisor, or the Program Director.

Youth entering Evolution must enter a plea with the court. Upon the approval of the State's Attorney's Office and the Evolution Program Director, the court will accept the plea, order the youth to Evolution and set a disposition date 12 months after the plea date. Upon the successful completion of the Evolution program, the State Attorney's Office will withdraw the plea and Noelle Pros the case.

To enroll in the program contact either Evolution Supervisor Heather Turner (407-402-3523) hmturner@seminolesheriff.org or Sr. Evolution Advisor John Girard (407-280-3194) jgirard@seminolesheriff.org

The Evolution Program meets at the Juvenile Enforcement Center located at 1151 E 28th Street Sanford, Florida.

Failure to contact one of the above Evolution contacts within one week of referral from the court could result in termination from the program and the return of your referral to the State Attorney's Office.



EVOLUTION

Rules

1. All youths are required to meet weekly on Tuesdays from 6:00 pm to 7:30 pm.
2. If you owe any restitution, you will not be dismissed from the program until all the restitution is satisfied.
3. Parents are required to attend their child's TREATMENT TEAM MEETING that is scheduled for every **2nd Tuesday of the MONTH.**
4. Evolution attendance records are kept and reviewed by the director. Any student with 2 or more unexcused absences will be given sanctions by the director. Failure to follow or complete these sanctions will result in dismissal from the Evolution program. ALL MISSING MEETINGS MUST be made up prior to the youth graduating from the program.
5. Any youth that fails a drug test will be given sanctions by the program director. A failure will result in a referral to a substance abuse counselor. A second failed drug test will result in possible expulsion from the program.
6. The director will review any youth that receives a NEW law violation while in the program. An arrest could get a youth dismissed from the program.
7. All Evolution members have a **6:00 pm** curfew. (**No exceptions**) Anyone violating this curfew will be given a sanction up to and including GPS monitoring or dismissal from the program. All curfew questions will be directed to your assign advisor.
8. All youth will follow the General Conditions of the Evolution Program.

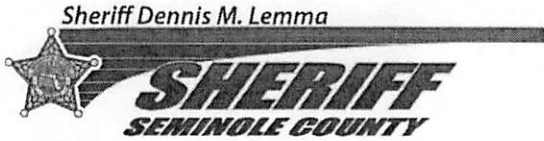
I acknowledge that I have read and understood the revised rules:

(Youth) Print Name/Date

(Youth) Signature

(Parent or Guardian) Print name/Date

(Parent or Guardian) Signature



EVOLUTION

GENERAL CONDITIONS OF EVOLUTION PROGRAM

1. Child shall obey all household rules and reasonable requests of his / her parent(s) / legal guardian, and advisor.
2. Attend school on a regular basis with no disciplinary referrals, unexcused absences, tardiness or expulsions, or shall maintain employment and shall not be tardy or absent without valid reason.
3. Child shall not change or leave his / her residence, school or place of employment without the consent of the parent(s) and Advisor.
4. Child shall not use any intoxicants nor possess any alcoholic beverages, tobacco products, marijuana, or drugs unless drug is prescribed for said juvenile by a dully licensed physician. Shall not be in any place where alcohol, marijuana, or drugs are unlawfully used or possessed by others. Shall submit to random urinalysis testing at the request of his / her Advisor for purposes of determining if the juvenile is complying with this condition. No prior notice is required of the urinalysis testing.
5. Child Shall follow 6:00pm – 6:00am curfew at all times unless adjusted by the Advisor. Youths are allowed to be with their parents past their curfew time if prior permission was granted by their assigned advisor. It can only be with the parent not any other relative. This could change based on the youth’s behavior.
6. Child shall not possess any weapons or firearms.
7. Juvenile / parent shall report all arrests by Law Enforcement to the Advisor as soon as possible. An arrest could result in dismissal from the program.
8. Child Shall have no contact with co-defendants, known delinquents, criminals, gangs, or with other persons deemed inappropriate by the parent(s) / guardian, or Advisor.
9. Child shall not leave the state of Florida without Evolution Administrator and State Attorney’s permission.
10. Child shall provide the parent(s) / guardian of whereabouts during non-curfew hours.
11. Child shall not leave Seminole County without prior knowledge / permission of the Advisor.
12. Child shall complete 50 hours of community service within 6 months at a non-profit organization. Child shall provide written verification of completed hours to their Evolution Advisor.
- 13: Child shall attend a life skills program implemented by the Evolution program.

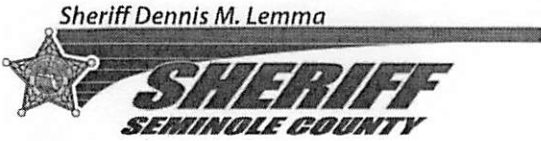
By signing this form on _____(DATE), I confirm that I have read and receive a copy of this form.

(Youth) Print Name/Date

(Youth) Signature

(Parent or Guardian) Print name/Date

(Parent or Guardian) Signature



EVOLUTION

DRESS CODE

1. Jeans and shirt will be worn to **all** Evolution meetings, work details and other events, unless otherwise addressed.
2. Shirts **will** be tucked in. Pants will be at waist level. Black or brown belt will be worn.
3. Male and female students will not come to Evolution meetings, work details or other events with any piercings, to include tongue rings, earrings or any other visible variations.
4. Female students will **not** wear any shoes that are not athletic shoes, flats, or boots. (No high heels)
5. Male and female students will **not** wear any jewelry including bracelets, necklaces, rings or hair clips.
6. Students **may** bring cell phones to the meetings and work details; however, their use during the events is strictly prohibited. All other property (iPods, cameras and any other valuable) is unnecessary and will not be brought to meetings.
7. All students will show up groomed, bathed, properly attired and hair will be of natural color **before** entering the building.
8. Evolution advisors reserve the right to advise students to cover any tattoos or “brands” that they deem inappropriate.
9. Students will appear and act professional at all Evolution meetings, work details and events.
10. Evolution members’ that are in violation of the dress code more than once will be sent home without credit and given an alternate sanction by their assigned advisor. (**No exceptions**)

I acknowledge that I have read and understood the dress code:

(Youth) Print Name/Date

(Youth) Signature

(Parent/Guardian) Print name/Date

(Parent/Guardian) Signature

Discipline, Consequences and Sanctions

For any violation of our program rules, a consequence or a sanction will be given to the youth. Examples of consequences and sanctions are as follows:

- A. Sheriff's Work Ethics and Training or SWEAT are held on Saturdays from 8 am to 5 pm and are workgroup.
- B. Curfew Adjustment
- C. GPS Placement – The number of days will depend on the violation.
- D. Consequence Alternative Sanction Unit or CASU - Youth may receive up to five (5) days for their first offense and up to fifteen (15) days for every offense thereafter. Each day, youth in the Consequence Alternative Sanctions Unit receive (7.5) hours of traditional education at Eugene Gregory Memory Youth Academy. The youth are then taken out for (4.5) hours of supervised, meaningful, labor-intensive community service within Seminole County.
- E. Referral for resources
- F. Essays, reports or papers
- G. Any other sanction or consequence that the advisor or administrator sees appropriate.



SHERIFF
SEMINOLE COUNTY

EVOLUTION

CHILD'S NAME: _____ AGE _____ DOB: _____

MALE FEMALE T-SHIRT SIZE _____ SOCIAL SECURITY NUMBER: _____

RACE: White, White-Hispanic, Black, Black-Hispanic, Asian, Native American, Other

ADDRESS: _____ PHONE #: _____
Street/Mailing Address City Zip Code

PARENT/GUARDIAN'S NAME: _____

HOME #: _____ WORK #: _____

CELL #: _____ E-MAIL: _____

SCHOOL _____ GRADE: _____ TEACHERS NAME: _____

CHILD LIVES WITH Two Parents, Mother, Father, Relatives, Non-Relatives, Foster Care, Other

IN CASE OF EMERGENCY CONTACT: _____

WHO MAY PICK UP CHILD? _____

LIST ANY ALLERGIES: _____

LIST ANY SPECIAL NEEDS: _____

IS CHILD CURRENTLY TAKING MEDICATION? Yes No

IF YES, LIST MEDICATION _____

WILL THE CHILD BE TAKING MEDICATION DURING A MEETING NIGHT OR WEEKEND? Yes No

IF YES, LIST TIME TO ADMINISTER MEDICATION _____

DOES YOUR CHILD ATTEND ANY SCHOOL, CHURCH, EXTRA-CURRICULAR EVENTS, WORK THAT WILL EXCEED CURFEW OF 6PM? IF SO, EXPLAIN BELOW.

Parent/Guardian Signature: _____ Date: _____



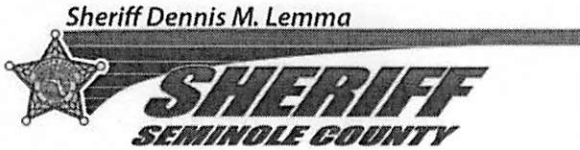
RELEASE OF LIABILITY & INDEMNITY

READ CAREFULLY BEFORE SIGNING

In consideration of _____ my minor child/ward being allowed to
(Child's name)
participate in any way in the SEMINOLE COUNTY SHERIFF'S OFFICE-EVOLUTION Program,
related events and activities, to be held at _____
(Location of event)

sponsored by the Seminole County Sheriff's Office, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with program's stated and customary terms and conditions for participation. AND NOTE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF SCSO. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately; and
4. I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I further grant the released parties the right to photograph and /or videotape said child or ward and further to use said child or ward's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise and right herein granted.
7. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court of the eighteenth judicial circuit in the and for Seminole County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify I am 18 years of age or older and that I am entering in to this agreement as the parent or legal guardian for a minor that is under 18 years of age.



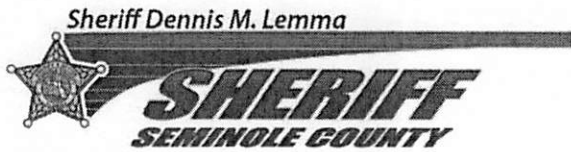
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) _____
(PRINT NAME) **Date Signed:** _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE) _____
(PRINT NAME) **Date Signed:** _____



Dear SCSO Parent,

During your child's participation in their Evolution Program, our staff will be taking photographs that may have your child participating in various events. We would like to place them on our website and future brochure. We request your permission to use the photos for these purposes. This is a voluntary form. We appreciate your support of the Seminole County Sheriff's Evolution Program.

Thank you!

Sincerely,

Senior Advisor John Girard

Senior Advisor John Girard

Evolution Program, Senior Advisor

Evolution Photo Release Form

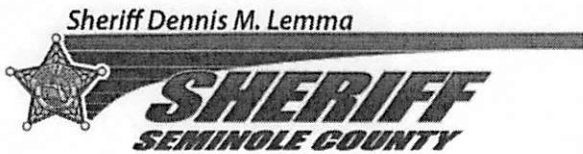
I give permission for pictures of my child taken during the SCSO events, to be used on the Seminole County Sheriff's Office website and/or brochure.

Name of Evolution Member _____

Parent / Guardian Name _____

Signature of Parent/Guardian

Date



AUTHORIZATION FOR MEDICAL TREATMENT

I do hereby provide permission for any advisor of Seminole County Sheriff's Office-Evolution Program to act on my behalf

on all matters pertaining to the health and welfare of _____
(CHILD'S NAME)

and specifically to act in my/our behalf in caring for and/or authorizing medical, dental, surgical care and hospitalization

during the period of _____ while attending any
(ACTIVITY DATES)

function which is associated with the Seminole County Sheriff's Office.

INSURANCE INFORMATION

Insurance Company Policy # Phone #

Insurance Company Policy # Phone #

FAMILY PHYSICIAN INFORMATION

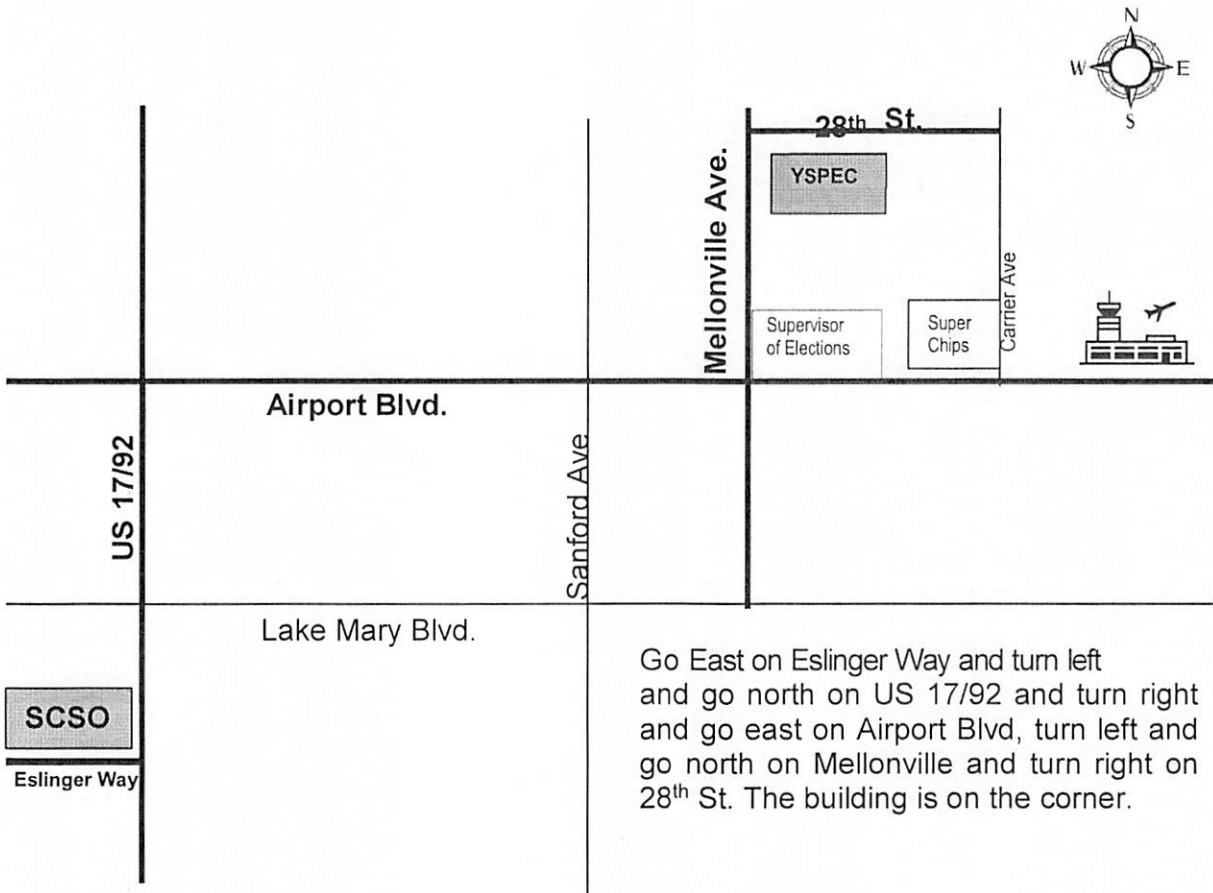
Physician's Name Address Phone #

Physician's Name Address Phone #

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (DATE)



Directions
From the Seminole County Sheriff's Office
To the Youth Services Prevention & Enforcement Center
1151 E. 28th Street
Sanford, FL 32773



Go East on Eslinger Way and turn left and go north on US 17/92 and turn right and go east on Airport Blvd, turn left and go north on Mellonville and turn right on 28th St. The building is on the corner.

Project S.W.E.A.T. Registration Form



To be completed by parent/guardian and JPO

Parent/Guardian:

DO NOT DROP OFF YOUR CHILD AND LEAVE. If your youth is assigned to S.W.E.A.T., they **MUST** be placed in the direct care of the Juvenile Detention Officer assigned. At this time, parents will be asked and/or given important information. Parent/guardian **MUST** make sure all contact numbers are correct and that is the number you can be reached on if you have to be contacted during the time your child is in S.W.E.A.T. **AUTHORIZATION** must be given by parent/guardian if youth is being picked up by someone else. Person or persons authorized to pick up youth must have and show driver's license to staff members.

Your child has been referred to Project S.W.E.A.T. (Sheriff's Work Ethics and Training) to meet his/her community work service obligation. Project S.W.E.A.T. is a community work service program funded by the Department of Juvenile Justice and supervised by employees of the Seminole County Sheriff's Office. The program is structured for juveniles 12 - 18 years of age on Probation supervised by the Florida Department of Juvenile Justice. Community service work is performed every Saturday from 8 a.m. until 4 p.m., rain or shine (excluding approved Seminole County Sheriff's Office holidays). Parent/Guardian shall be at the building at 3:45 p.m. to pick up their child by 4:00 p.m. If parent/guardian is not here on time, youth will be transported to the JAC. The goal of Project S.W.E.A.T. is to offer meaningful service to the citizens of Seminole County while allowing juvenile offenders to "give back" to the community. Your child will be doing physical labor and should dress accordingly (i.e., pants or shorts, shirt, tennis shoes and socks). A light sweatshirt may be worn but no clothing may have drug or alcohol symbols or logos. **All pagers, cellular phones, cigarettes, lighters, hats, jewelry, and any other personal property MUST be left at home. We are not responsible for any personal property and assume no liability for loss of said property.**

Clothing:

All youth attending S.W.E.A.T. will be issued SCSO shirts. Youth shall wear comfortable clothing at all times (summer/winter). Females will wear loose fitting clothing. Females wearing short pants are only allowed to wear shorts that are knee length. Males will wear loose fitting clothing. Males will not wear pants that are below the waistline.

The Project S.W.E.A.T. office is located at the Juvenile Justice Division at 1151 E. 28th St., Sanford, FL. We are at the intersection of East 28th Street and Mellonville Avenue on the Orlando/Sanford International Airport property. S.W.E.A.T. questions are answered 8 a.m. to 4 p.m. Monday – Friday.

Please complete this entire form. **IF COURT ORDERED, YOU MUST INCLUDE A LEGIBLE COPY OF THE COURT ORDER WITH THIS PACKET.** All arrangements and correspondence for Project S.W.E.A.T. should be made through the child's Juvenile Probation Officer.

Incomplete packets will not be accepted.

If you have any questions pertaining to Project S.W.E.A.T., please contact the SWEAT Coordinator (407)708-7640.

Today's Date _____

PLEASE PRINT:

Number of S.W.E.A.T. hours requested _____	Juvenile Probation Officer's Name _____	Phone Number _____
Child's Name _____	DJJID # _____	
Date of Birth _____	Age _____	Race _____ Sex _____
Street Address _____	City _____	Zip Code _____
Mailing Address (if different) _____		
Parent/Guardian Full Name _____		

Email address for Parent _____

Home Phone _____

Parent Work Phone _____

Parent Cell Phone _____

Parent Pager Number _____

Persons to contact in an emergency *if we cannot reach you* (YOU MUST LIST TWO PEOPLE)

Full name	Phone#	Relationship to child
_____	_____	_____
_____	_____	_____

Is your child allergic to peanut butter? Yes No

Is your child allergic to dairy products? Yes No

Does your child have your permission to walk home?
 Yes No

Who may pick up your child from S.W.E.A.T.? _____

Child's Signature's (only if 18 years of age): _____

Parent/Guardian's Signature (if child under 18 years of age): _____

Rules for Project S.W.E.A.T.

1. No child will be accepted after 8:00 am. No exceptions.
2. Youth must be scheduled on the roster. No exceptions.
3. Youth with earrings, nose rings, and/or tongue rings that cannot be removed, will be sent home. **Do not bring these items.**
4. Only prescription medication will be allowed, such as an asthma inhaler.
5. Male and female youth's must wear loose fitting pants or shorts and a plain SCSO tee. Females wearing shorts must wear knee length shorts. It is the discretion of S.W.E.A.T. staff as to whether or not clothing is appropriate. Youth in inappropriate clothing will be sent home.
6. Youth may not touch each other at any time while attending S.W.E.A.T. Violations will result in zero credit being issued for the day.
7. Youth may not horseplay at any time during S.W.E.A.T. Violations will result in zero credit being issued for the day.
8. Youth must do exactly as instructed by staff at all times, without argument or procrastination or receive zero credit for the day.
9. Youth refusing to work, or not working to the satisfaction of the S.W.E.A.T. staff, will receive zero credit for the day.
10. Youth violating the law or committing serious violations of probation may be arrested at the discretion of law enforcement.
11. Youth must show respect to each other and S.W.E.A.T. staff at all times or receive zero credit for the day. Profane or offensive language will not be tolerated and will result in zero credit for the day.
12. All youth at S.W.E.A.T. will be searched by S.W.E.A.T. staff and law enforcement while at S.W.E.A.T. and will be held responsible for illegal objects or contraband. Contraband is defined as any object in a child's possession that is not approved by S.W.E.A.T. staff. Youth's may only possess keys, if needed. Wallets, condoms, pocket knives, candy, food, beverages, etc. are not allowed. Any child in possession of contraband shall be issued zero credit for the day.
13. Youth not picked up by 4:00 pm will be transported to the Juvenile Assessment Center.
14. Youth leaving the worksite or premises without permission of S.W.E.A.T. staff will receive zero credit for the day and will be arrested for absconding probation/conditional release.
15. Any youth with ONE UNEXCUSED ABSENCE OR ZERO CREDIT will be automatically rescheduled. Any youth with TWO UNEXCUSED ABSENCES OR ZERO CREDIT shall be ADMINISTRATIVELY INACTIVATED from the S.W.E.A.T. program and shall not be rescheduled until the Juvenile Probation Officer has supplied adequate proof of intervention to the S.W.E.A.T. program. **The adequate proof of intervention will be a new S.W.E.A.T. packet to be filled out and submitted to the S.W.E.A.T. office.** At that time, the youth will be rescheduled at the discretion of the S.W.E.A.T. program and in a time frame determined solely by the S.W.E.A.T. program.

Parent/Guardian

I have read and understand all of the rules for S.W.E.A.T. I agree that my child must comply with all rules and must attend on the dates scheduled by the program.

Parent's Signature

Print Name

Date

Child

I have read and understand all of the S.W.E.A.T. rules and regulations and agree to abide by all of the terms and conditions set forth by the SWEAT program.

Child's Signature

Print Name

Date

Juvenile Probation Officer

I am the child's Juvenile Probation Officer and understand that the child must attend PROJECT S.W.E.A.T. on the dates scheduled by the S.W.E.A.T. program. Failure to do so without a reasonable explanation shall result in the child's probation being violated. I further agree that the child shall be considered an absconder from probation/conditional release if the child leaves any work site or the premises without permission of S.W.E.A.T. staff.

Juvenile Probation Officer's Signature

Juvenile Probation Officer's Phone #

Date

Parental Consent Medical Treatment of Minor

Child's Full Name: _____

Age: _____

Provider: **Seminole County Sheriff's Office**
Project S.W.E.A.T.

In the event of a serious accident or illness, the program may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or medical facility. I (parent/guardian) request the program to contact me. **I (parent/guardian) will assume responsibility of payment for services rendered.**

In the case of accident or illness, where immediate treatment of my child is not indicated, but where he is unable to remain in the program, I (parent/guardian) request that the program contact me or my spouse to arrange transportation for my child. If the program is unable to contact either, I (parent/guardian) request that one of the persons listed in this document be contacted and requested to care for my child. **The Seminole County Sheriff's Office or Department of Juvenile Justice does not provide benefits for injuries.**

Date: _____ Parent or Legal Guardian Signature: _____

Is the child under the care of a physician at this time: Yes No

If so, explain: _____

Is the child currently taking medication: Yes No

If so, list: _____

Will your child be taking any medication during the day(s) he/she participates in Project S.W.E.A.T.?
 Yes No

Does the child have any physical conditions that would hinder him/her from participating in Project S.W.E.A.T.:
 Yes No

If yes, explain: _____

Medical Insurance Information

Do you have medical insurance for the child other than Medicaid/Medicare? Yes No

Name of Company: _____

Policy Number: _____ Expiration Date: _____

Do you have Medicaid/Medicare? Yes No

Policy Number: _____

**RELEASE AND INDEMNIFICATION AGREEMENT FOR
MINOR'S PARTICIPATION IN EUGENE GREGORY MEMORIAL YOUTH
ACADEMY, THE CONSEQUENCE ALTERNATIVE SANCTIONS UNIT, AND/OR
PROJECT S.W.E.A.T**

I, the undersigned and the parent/legal guardian of _____ (“Minor”), date of birth _____, desire to have my child participate in the Eugene Gregory Memorial Youth Academy, the Consequence Alternative Sanctions Unit, and/or Project S.W.E.A.T. I understand that participation is voluntary. I understand that participation in the Eugene Gregory Memorial Youth Academy, the Consequence Alternative Sanctions Unit and Project S.W.E.A.T. may require Minor to perform physical exercise as a requirement of their participation. I also understand that youth participating in the Consequence Alternative Sanctions Unit and Project S.W.E.A.T. are required to perform community service at sites that may be located anywhere in Seminole County, Florida. If the above named Minor is enrolled in the Consequence Alternative Sanctions Unit or Project S.W.E.A.T., I hereby give my permission for the staff of the Consequence Alternative Sanctions Unit or Project S.W.E.A.T. to transport the above named child from the Juvenile Justice Division to community service sites, which may be located anywhere within Seminole County, Florida, and return the above named Minor to the Youth Services Prevention and Enforcement Center.

I hereby agree to release, hold harmless and indemnify Sheriff Dennis M. Lemma, in his official capacity as Sheriff of Seminole County, Florida, his officers, employees, agents, sub-contractors and their successors, community partners, heirs, and assigns from any and all claims including, but not limited to, suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, attorneys' fees, costs, and expenses of whatsoever kind or nature arising out of my child's acts, errors and/or omissions in connection with this Agreement, or the acts, errors and/or omissions of anyone acting under the agency's direction, control and/or on its behalf arising from or related in any way to my child's participation in the Eugene Gregory Memorial Youth Academy, the Consequence Alternative Sanctions Unit, or Project S.W.E.A.T.

In the event my child should be in need of emergency medical care, I hereby give permission to secure treatment and I agree to be responsible for any payment associated therewith.

IN WITNESS WHEREOF, the undersigned parent/legal guardian knowingly and voluntarily executed this agreement for the purpose herein expressed.

Parent or Legal Guardian Name (Please Print) _____ Date _____

Parent or Legal Guardian's Signature _____ Date _____

Child's Signature (only if 18 years of age): _____ Date _____



Volunteer Profile

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Spouse's Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Telephone #: _____

E-Mail address: _____

Emergency Contact: _____ Telephone #: () _____

If applicable:

Community Service Hours to fulfill: _____ Hours

Probation School/Education Assistance

By signing this form I am releasing Harvest Time International from any and all responsibility for incidents (bodily injury or death or property damage) that may occur while volunteering. We have made all necessary provisions for a safe working environment.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

In addition, Harvest Time International has permission to utilize any photographs or videos taken of me for publicity, recruitment or training purposes without compensation paid to me.

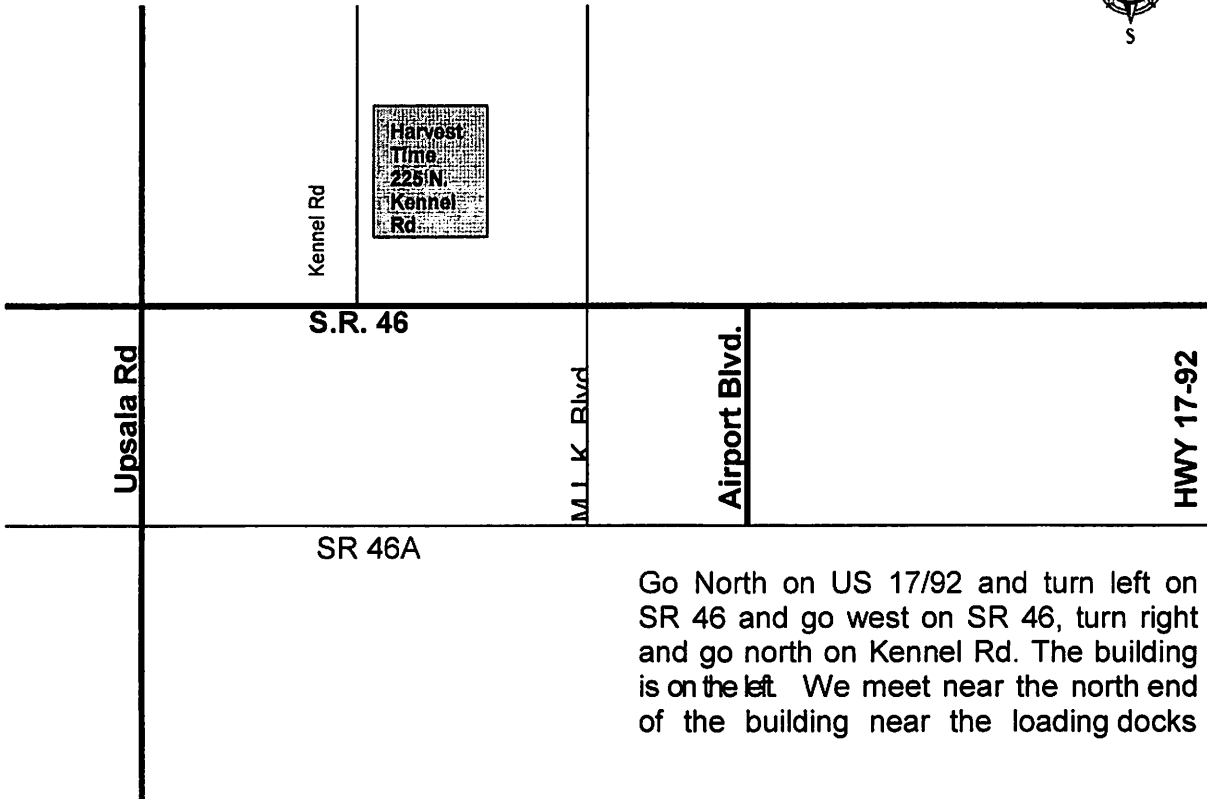
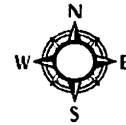
Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (If volunteer under age 18): _____

Harvest Time International, Inc.
A 501(c)(3) Non-Profit Organization
225 North Kennel Road • Sanford, Florida 32771
407.328.9900 • www.harvest-time.org



**Directions
To the Youth Harvest Time International
225 N. Kennel Rd
Sanford, FL 32771**



Go North on US 17/92 and turn left on SR 46 and go west on SR 46, turn right and go north on Kennel Rd. The building is on the left. We meet near the north end of the building near the loading docks