LITTER PROGRAM

The Warren County Court works in conjunction with the Warren County Solid Waste Management program to help keep the Townships of Warren County clean and beautiful. The litter control officers transport participants who are ordered to do community service as a sanction of their sentence to various locations that are located in Warren County to pick up solid waste that has been discarded on the side of the road. In addition, they also travel to Warren County parks and buildings to help in the clean up of these public facilities that are used by local residents.

In 2009, there were 185 participants in the program. The total land covered on the litter pickup program was 391 miles. The total number of bags collected in Warren County alone was 7,240 and that is not including the 258 tires that were collected.

The hours of litter pick up are:
Monday – Friday
7:00 A.M. to 2:30 P.M.
(Excluding Holidays)

Litter pickup is scheduled through your probation officer.

If you are scheduled to do litter pick up you are to be in the parking lot of the Warren County Administration Building promptly at 7:00 am. The address is:

406 Justice Drive Lebanon, Ohio 45036

When approved by the Judge the court allows individuals who cannot afford to pay their outstanding fines to do litter pickup at \$61.60 a day which will be applied to pending fines.

WARREN COUNTY LITTER COLLECTION PROGRAM GENERAL RELEASE & WAIVER OF LIABILITY

I, request t	equest to participate in the Warren County Litter		
Collection Program. Said program is directed by Warren County	Solid Waste Management District and may		
include participation in activities other than collecting litter.			
I hereby acknowledge and understand that by participating in t	he Warren County Littler Collection Program, I		
am exposing myself to the risk of serious injury, which could re	sult in a temporary or permanent, partial or		
complete, impairment in the use of my limbs; brain damage; pa	aralysis; or even death. Haven been so		
cautioned and warned, it is still my desire to participate in the	above activity and I hereby further		
acknowledge that I do so with full knowledge and understanding	ng of the risk of serious injury to which I am		
exposing myself by participating in the above-listed activity. I d	o hereby further understand that my personal		
property may be lost, stolen or damaged during the time I am I	participating in the Warren County Litter		
Collection Program. I am making this request voluntarily at my	own risk and of my own responsibility. I		
further understand that Warren County, its agents and employ	ees do not accept responsibility for, and/or		
cannot guarantee my personal safety while participating in the	aforementioned program(s).		
In consideration for allowing my participating in the Warren Co	unty Litter Collection Program and being		
permitted to use the facilities and equipment owned and opera	ated by Warren County and for other benefits		
received by way of my participation, I do hereby for myself, my	heirs, assigns, executors, and/or administrators		
of my estate hereby release and forever hold harmless and disc	charge Warren County and all agents and		
employees of Warren County, whether or not acting within the			
demands, damages, injuries, expenses, costs, fees, losses, action			
of my death; or injury; and/or disability, either temporary and/			
loss of any of my personal property, which may occur during the	e time I am participating in the Warren County		
Litter Collection Program, regardless of whether such death; in	jury; and/or disability, either temporary and/or		
permanent; or the result of any damage to or loss of any of my	personal property occurs through the		
misfeasance, malfeasance, or nonfeasance on the part of any e			
death; injury, or damage to my personal property occurs as a r	esult of actions by any third person.		
Print Name Date of	of Birth		
Signature			
Parent or Guardian if under 18 Date			

WARREN COUNTY LITTER COLLECTION

WORKER RELEASE AND EMERGENCY MEDICAL INFORMATION

Participant
Name
Social Security Number
Special Conditions Required Medications
Medical Conditions
Known Allergies
Other
Emergency Contact Name
Address
Phone Number
Alternate Emergency Contact Name
Address
Phone Number
I, the participant or guardian, being and adult eighteen (18) year old or older, agree to the following for the participant:
 To be transported within the guidelines and work requirement of the Litter Collection Community Service Program by a vehicle provided and approved by the Warren County Board of Commissioners.
 In the event of a medical emergency, a County or emergency vehicle will transport me to medical facility.
 I also understand that in the event of a medical emergency, the following procedure is a guide the supervisor will follow in order to obtain treatment:
 Contact the emergency contact listed above Contact the alternate if first emergency contact is not reached Treatment by a licensed physician or medial practitioner
Participant's Signature or Parent or Guardian if under 18 Date

WARREN COUNTY COMMUNITY SERVICE CONFIRMATION

Participant	Contact Number		
Email	Scheduled Date	Time_	7:00 AM
ASSIGNED LOCATION			
406 Justice Drive, Lebanon, Ohio 45036—Warren At back end of parking lot, you will find two small trucks. A map of the location is attached.			be driving white work
DRESS REQUIREMENTS You will be outside. Wear "weather appropriate closnow) We work in all weather conditions.	othing" for the day's wea	ther condition	ns. (Hot, cold, rain,
* Socks & sturdy shoes or boots * Shirts – long or short sleeved * Long pants	* Thongs, flip flops, or * Sleeveless shirts or ta * Shorts or cut-offs * Ripped, torn, or fraye * Any clothing with proracist wording or ima	nk tops d clothing ofanity, sexua	ıl, or
LUNCH You will need to bring a lunch. You will not be all	owed to leave during the	lunch break.	
 Possession or use of cell phones and smart cell phone or smart watch with you. Ear buds or similar devices may not be used Pocket knives, razors, or any other type of any other type of any your attendance is required by the court. You set in your court sentence or you will be in Vaping or any type of e-cigarette is not allowed and the sentence of tobacce incarcerated personnel at any time while outence and the sentence of the sentence of	d during work sessions. weapons are not allowed. our days or sessions assignification. owed. o products, lighters of any out on litter pickup.	gned must be	completed by the date
If you do not abide by the requirements an that day and will result in you not receivin assigned court sentence. If you are an inn	g a full day's credit and	or being in v	iolation of your
I have read the above information and I also under will be made by the supervisors and sent to the cou			
Participant signature	Date		- ,
Parent or Guardian Signature if under 18			_

Ron 513-515-7256 Main Office 513-695-1210

Darren 513-515-7389

CONTACT INFORMATION

