

# O'Brien House Community Service Worker's Packet



## Our Mission

**We save lives and families from alcoholism and drug abuse through residential treatment and community outreach.**

**O'Brien House  
446 North 12<sup>th</sup> Street  
Baton Rouge, Louisiana 70802  
(225) 344-6345**

## Table of Contents

Hours of Operation	Page 3
Community Services Worker Rules	Page 4
Community Service Worker's Task List	Page 5
Information Sheet	Page 6
Verification Form	Page 7
Statement of Confidentiality	Page 8
Release and Hold Harmless Agreement	Page 9
Community Services Worker Rule and Regulations Acknowledgement Form	Page 10
Time Card Information	Page 11



446 North 12<sup>th</sup> Street  
Baton Rouge, LA 70802-4657  
Phone (225) 344-6345 - Fax (225) 615-8875

*Community Service*

**HOURS OF OPERATION:**

Monday – Friday  
10 a.m. – 6 p.m.

Saturday  
10 a.m. – 6 p.m.

NO SUNDAYS

**TB Testing Hours**

Tuesdays ONLY

9:00 am – 12 noon and 1:00pm – 3:00pm

*(By Appointments)*

Call Chasity Byrne, (225) 344-6345, ext. 316

## **Community Services Worker Rules**

**All community service persons will comply with the rules of O'Brien House along with the following instructions from the assigned area supervisor.**

- 1. All community service personnel must wear ID badges along with a hair net.**
- 2. Failure to follow instruction will result in community service hours being terminated from the O'Brien House.**
- 3. All Community Service personnel must wear covered shoes (example: tennis, boots anything that will cover your feet).**
- 4. All community service personnel must be dressed appropriate. (No tank tops, no shorts, no see through blouse, no hats or head scarves).**
- 5. Community service workers will eat after all O'Brien House clients and staff has been served.**
- 6. All Community Service issues will be addressed by the community service coordinator, Ms. Krystal Feltman.**

# **Community Service Worker's** **Task List**

- **Cleaning of floors**
- **Cleaning of dining hall**
- **Empty all trash cans**
- **Cleaning of all walls**
- **Putting out trash**
- **Cleaning of refrigerator**
- **Cleaning of pantry area**
- **Washing dishes**
- **Help with serving, if needed**
- **Cleaning of stove**
- **And other duties assigned by supervisor**

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## Community Service Worker INFORMATION SHEET

*COMMUNITY SERVICE WORKER*

### *Copy of ID required*

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

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Service Date Started: \_\_\_\_\_

Service Date Ended: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of hours you must complete? (You must provide): \_\_\_\_\_ **HOURS**

*Referred by Agency/Court Name*

\_\_\_\_\_

\_\_\_\_\_

## Verification Form

Welcome to O'Brien House Community Services. We are here to help you navigate through Community Service. There are some steps you must take in order to complete your service hours. Let's begin with what is needed in order to do community services here at the O'Brien House.

You must have the following:

1. A valid driver's license or ID.
2. Up to date TB record.(OBH will provide a TB test for a fee)
3. Your charge sheet. We must know what you have been charged with.  
If you are coming from the Baton Rouge City Court you will need your papers that they have issued to you.

After you complete your hours of service return back to the Administration Office and submit your time card and/or time sheet to Ms. Krystal Feltman. A verification letter will be issue to you or your BRCC paper will be faxed to City Court.

If you agree to adhere to these instructions please sign below.

\_\_\_\_\_  
Community Service Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Service Coordinator

\_\_\_\_\_  
Date

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## **STATEMENT OF CONFIDENTIALITY**

It is the policy of O'Brien House that any and all information concerning a client of this facility is of a strictly confidential nature. Confidentiality, a right entitled to each client, begins at admission, or upon the making of a reservation for admission, and never terminates. It is the duty and responsibility of every employee and volunteer of O'Brien House to ensure this right. NO INFORMATION (identification data, that of a medical or psychiatric nature, etc.) concerning a client who is to be admitted, is presently in-house or has been discharged or transferred is to be released by ANY employee or volunteer or ANY person over the telephone, in person, or in writing. This includes even affirmation or denial as to whether a person will, or was a patient of this facility.

I have read the above Confidentiality Statement of O'Brien House. I understand the importance of protecting patient's rights and concur with this philosophy.

I acknowledge that all information in the patient record, a medico/legal document and evidence of patient identity as well as the course of clinical treatment, is strictly confidential.

_____	_____	_____	_____
Witness	Date	Signature	Date

_____	_____	_____
Todd Hamilton	Date	Print Name
Executive Director		



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## RELEASE AND HOLD HARMLESS AGREEMENT

Name:	Day Phone:
Address:	Evening Phone:
City, State, Zip	Group Affiliation:

I wish to volunteer/intern and/or perform community service with **O'Brien House**. I understand that **O'Brien House** is a nonprofit organization, and is a halfway house providing residential services to clients in recovery from substance abuse.

I have received and understand both the "Code of Ethics for staff and volunteers of O'Brien House" and the "Statement of Confidentiality."

I understand that I am a volunteer/intern or community service worker providing services to **O'Brien House**. I am not an employee nor entitled to any benefits of employment.

I hereby release and forever discharge and hold harmless **O'Brien House** and its officers, employees, and volunteers for any injury or death, damage to or loss of personal property arising out of, or in connection with my participation in the activities of O'Brien House from whatever cause including the passive or active negligence of **O'Brien House** or any other participants in the activity.

In consideration for being permitted to participate in the activities of **O'Brien House**, I hereby agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless **O'Brien House** from any and all claims, demands, actions or suits or suits arising out of or in connection with my participation in the activities of **O'Brien House**.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN OF MY OWN FREE WILL.

Dated: \_\_\_\_\_

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

Witness: \_\_\_\_\_

# O'Brien House

## Community Services Worker Rules and Regulations

### Acknowledgement Form

Printed Name: \_\_\_\_\_

I, the undersigned, do hereby state that I have read, understand and agree to the rules and regulations of the Community Service Rules. I also indicate by my signature below that I have received a personal copy of the O'Brien House Community Services Rules.

All community service persons will comply with the rules of O'Brien House.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **TIME CARD INFORMATION**

Community service hours worked shall be recorded and tracked on a time card. It is **YOUR** responsibility to have your community service supervisor to monitor your time and initial it each day worked.

It is **YOUR** responsibility to keep up with your own time card if you wish to take it off the grounds. In case you lose your card you must report to the administrative office to receive another card and you **MUST** start your hours over.

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

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