

MENDO – LAKE ALTERNATIVE SERVICE, INC.

Client Registration Form

Date: _____ **Gender:** Male Female

Name: _____ **D.O.B.** _____ **Age:** _____

Mailing Address: _____

City, State, Zip _____

Home Phone: _____ **Cell / Message** _____

Are you working? Yes No If yes, days off _____

Are you attending School? Yes No When do you attend _____

Do you have Transportation? Yes No Type: _____

Do you have Health Problems? Yes No Type _____

Are you a registered sex offender? Yes No

Are you presently living
in a Treatment Facility? Yes No Where _____

What is your occupation: _____

Who is your Probation Officer? _____

What is your offense? _____

What is your Primary Language ? _____

Mendo-Lake Alternative Service, Inc.
COMMUNITY SERVICE AGREEMENT

CLIENT NAME _____ DATE _____

- ___ **Non-emergency cell phone calls are not permitted at worksite.**
- ___ **Uncooperative attitudes will be cause for removal from the program.**
- ___ **I understand that I must perform a minimum of 8 hours per week.**
- ___ **Program fees must be paid in full at time of enrollment.**
- ___ **I understand that I must perform my community service hours and return the time sheet to MLAS by the Required Completion Date. Failure to do so WILL result in my case being sent back to the sentencing agency. AN ADDITIONAL FEE WILL BE REQUIRED TO RE-OPEN THIS CASE AT A LATER DATE.**
- ___ **It is my responsibility to track and report my completed hours to MLAS prior to my completion date, by FAX, MAIL OR PERSONAL DELIVERY.**
- ___ **I will be on time and keep a regular schedule with my assigned agency.**
- ___ **I will notify MLAS of any change in my address or phone number.**
- ___ **I will follow the instructions of my supervisor at the worksite. I will notify MLAS if there are any problems with my work assignment.**
- ___ **I will not drink alcohol or use drugs before or during my work hours.**
- ___ **I understand that I cannot change my worksite without approval from MLAS staff. Hours performed at unauthorized agencies will not be credited.**
- ___ **A fee will be assessed in the event I request re-assignment to a different worksite.**
- ___ **I authorize my doctor to release medical information about my physical or mental limitations for the purpose of arranging my placement, if needed.**
- ___ **I understand visitors are not permitted at my worksite.**
- ___ **I agree to work without pay as a condition of the Court order and, because I am not an employee of MLAS or of the community service site, I will not be covered by insurance for any injury(ies) received on this assignment. I understand I have no right to claim compensation for any accident and/or injury from MLAS, the Service Site I am assigned to, or any of their officers, agents, or employees, and against said Court, it's judges and employees, and the County of Lake and the County of Mendocino.**
- ___ **I understand I must seek medical treatment on my own if I am injured while performing my community service obligation.**
- ___ **I understand that program fees are not refundable.**
- ___ **I understand that it is my responsibility to provide proof of enrollment to the Court when required. Failure to do so may result in a warrant for my arrest.**

I HAVE READ THE ABOVE CONDITIONS AND ARGEE TO THEM.

Signed _____ Date _____

Mendo-Lake Alternative Service, Inc.



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