

## CLIENT INFORMATION SIGN UP

### SECTION I. (Personal)

NAME		PHONE #		
HOME ADDRESS		BIRTH DATE	AGE	GENDER
CITY	STATE	ZIP	COUNTY	
ALTERNATE ADDRESS:				
ETHNIC ORIGIN: <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> WHITE				
EMERGENCY CONTACT:		NUMBER:		
Relationship:		ADDRESS:		

### SECTION II. (Employment)

ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION
ARE YOU EMPLOYED... <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> STUDENT	EMPLOYER/COMPANY NAME

### SECTION III. (Record)

HAVE YOU EVER BEEN CONVICTED OF A PREVIOUS OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU CURRENTLY ON PROBATION? Yes    No
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### SECTION IV. (Medical)

DO YOU HAVE ANY PHYSICAL, MEDICAL, OR MENTAL CONDITION WHICH WOULD PREVENT OR LIMIT YOUR ABILITY TO PERFORM PHYSICAL LABOR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU CURRENTLY USING ANY MEDICATIONS/DRUGS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS?			
<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> HERNIAS	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> BACK PROBLEMS
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> EMPHYSEMA <input type="checkbox"/> OTHER

Please list any additional information that would like us to know before entering this program:

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# COMMUNITY SERVICE AGREEMENT

- I agree to perform \_\_\_\_\_ hours of satisfactory community service as ordered by the court.
- I understand that failure to complete community service hours will result in my case being referred back to the sentencing court for further action.
- I understand that if my case is referred back, I could be remanded to jail to complete the jail time originally ordered.

I understand these rules and agree to follow them closely. I understand the deadline for completion of my community service to be in \_\_\_\_\_ days, and I must complete \_\_\_\_\_ hours per month. I acknowledge that if I have not completed and submitted my hours to the Community Corrections Office by the agreed deadline, my case will be referred back to the sentencing court.

I acknowledge that the following will result in **TERMINATION** from the community service program:

- a) Tardiness
- b) Leaving place of assigned community service prior to being dismissed by the Supervisor
- c) Not showing up for work when scheduled\*\*
- d) Failure to complete hours before the deadline
- e) Inappropriate behavior at the work site (on or off the clock)
- g) Use of cell phone during work hours
- h) Failure to report progress every thirty (30) days**

I, also, acknowledge and agree that the following will result in **IMMEDIATE TERMINATION** from the community service program.

- a) Use, possession or selling of alcohol, drugs or weapons, or the indication of such.
- b) Use of foul language, or harassing comments/gestures.
- c) Any action that could be suspected as stealing.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comm. Corr. Witness \_\_\_\_\_ Date \_\_\_\_\_

**\*If you are IN MECOSTA COUNTY, the Community Corrections staff will assign you to the Mecosta County Work Crew. If for any reason there is a conflict with the site you need to contact our office as soon as possible. If you are outside of Mecosta County, you must find a NON-PROFIT organization and have it approved by the Community Corrections office.**

**\*If you are OUT OF THE COUNTY, the Community Corrections staff will explain the process on how to go about performing your community service in your home town, and will also provide you with the written instructions.**

**\*\*Lack of phone and/or transportation and/or child care is NOT AN EXCUSE and will not be accepted.**

**MECOSTA COUNTY**  
**COMMUNITY SERVICE WAIVER & RELEASE**

In consideration for the permission granted to me to participate in Mecosta County Community Service Work Crew for good time credit off my sentence, I hereby, for myself, my heirs, and administrators, release and discharge Community Corrections, the host agency, Mecosta County, Michigan, and its employees and agents, from all claims, demands, and actions from injury sustained to my person and/ or property.

I understand that participation as a community service volunteer does not grant any status on me as a county employee, nor does it entitle me to claim any benefits of the State Worker's Compensation Law through the county or city. When I am referred to a worksite to perform services, I am a volunteer to that agency, not an employee of said agency or an employee of the county. Neither the county or host agency has responsibility for claims arising from my participation as a community service volunteer.

In acknowledgement responsibility for any injury or damage to my person or property as a community service volunteer, I, also acknowledge that I have the right to refuse tasks or jobs if I feel that performing said task/ job would endanger my person or property. If I do refuse to perform a task/ job requested of me, I will discuss the matter with the Community Corrections Coordinator for further instruction.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Community Corrections)

\_\_\_\_\_  
Date

**Community Corrections Intake Fee**

As a part of the Community Corrections sign up process, you are responsible to pay the non-refundable \$75.00 fee. This covers the charge that is processed for ANY program intake of Community Corrections.

You will receive a card from community corrections, in which must be brought to the TREASURER'S OFFICE downstairs (Room 133). Once you pay this fee, you will be given a receipt and it MUST be brought back upstairs to COMMUNITY CORRECTIONS (Room 204). You will then be cleared of this fee and ready to begin your work! You can pay this fee with either CASH, CREDIT CARD, or CHECK. ***If you do not pay this fee you will be TERMINATED from the program. .***

I understand that there is a \$75.00 fee in order to have a successful intake into the community corrections program, and if I do not pay within two weeks, I will be terminated from the community service program.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date