

Court Referral Program

REGISTRATION FORM

Accelerating Nonprofit Success



Name: _____
 (First) (Middle Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Emergency number: () _____ Fax #: () _____

Email Address: _____@_____. _____ Driver's License/ID #: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Days of Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Availability: Mornings Afternoons Evenings Other: _____

Language: English Spanish Vietnamese Korean Farsi Other: _____

City in which you want to complete your assignment: _____

Have you ever been convicted of any of the following: Theft Offense(s) Violence Offense(s) Sex Offense(s)

Do you have any of the following: Medical Condition(s) Physical Limitation(s) Mental Limitation(s)

If yes, please explain: _____

Are you currently on Workmen's Compensation? Yes No Are you currently on medical disability? Yes No

If yes, please explain: _____

Signature: _____ Print Name: _____

Date: _____ Case #: _____

A parent/guardian must sign here if the individual registering is a minor (under the age of 18)

Print name: _____ Signature: _____

Relationship to registrant: _____ Date: _____

OFFICE USE ONLY

Program coordinator:		Date:	
Case #:		Office:	
Agency:		Agency:	

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IMPORTANT POLICIES AND PROCEDURES CONCERNING YOUR COMMUNITY SERVICE ASSIGNMENT-(INITIAL EACH ITEM)

_____ There are **NO** refunds on **ANY** fees paid once the registration process has been completed. All program fee(s) paid by myself or someone else on my behalf are **NON-REFUNDABLE** regardless of whether I complete the community service or not.

_____ OneOC cannot change or modify a court order or grant extensions on the due date for your court ordered assignment(s). You must return to court in order to request an extension and/or modification. OneOC can assist you with the request but it is no guarantee that you request will be granted.

_____ If you have a physical and/or mental limitation or condition that may prevent or hinder you from performing your community service assignment; you will be asked to obtain a medical exam or present current medical records regarding your medical condition(s). If you are not medically cleared to perform your community service assignment you will be referred back to court.

_____ If the court grants you an extension you are required to return to OneOC with your extension and pay the **extension fee** of **\$20.00** before you will be able to continue with your community service.

_____ If **12 (twelve)** months or more has passed since your due date you will be required to pay the registration fee again.

_____ It is your responsibility to contact the agency you are assigned to within **3 business days** from the registration date to start your hours. Failure to do so may result in the agency turning you away and you will be required to pay the **reassignment fee of \$20.00**.

_____ You are required to present your time sheet to the agency on day **(1)** one. The agency will retain your timesheet the entire time until you have completed your hours, or your due date has expired. It is your responsibility to ensure that your supervisor records all of your hours. OneOC highly recommends you also keep a record of your hours independently.

_____ If you lose or misplace your timesheet or Cal Trans card you will be required to have it replaced and pay a **\$20.00** non-refundable replacement fee.

_____ You are required to follow and adhere to all agency policies and procedures. Failure to do so could result in your termination from the agency.

_____ If you request a reassignment or perform your service in an unsatisfactory manner and must be reassigned, you will be required to pay the **reassignment service fee of \$20.00**. You are only allowed to be reassigned a total of **(3)** three times or at the discretion of OneOC. You must bring your original time sheet in order to be reassigned.

_____ **The court will only accept OneOC disposition reports** If you have completed your hours you are required to return to a OneOC office with the white original copy of your time sheet at least **(3) three** business working days prior to your completion date. Failure to return to OneOC to show proof of completion on or before your due date will result in a non-compliance report sent to the courts/Probation.

_____ OneOC is **not** responsible for your personal items and/or belongings in the event of loss, damage or theft while performing your community service assignment.

_____ OneOC is **not in any way responsible** in the event of an injury incurred while performing your community service. **OneOC does not provide worker's compensation insurance.** OneOC will not be held liable or responsible in any way for costs incurred as a result of an injury from your participation in community service work. I further understand and agree that engaging in community service with OneOC is voluntary. Any and all medical and dental expenses related to any injury sustained while performing my community service are my sole responsibility.

I have read and agree to adhere to above listed polices and procedures. I further understand and agree that failure to comply with any of the above listed polices and procedures can result in my case being referred back to court. OneOC reserves to right to refuse service.

Print your name: _____ Signature _____
Case #: _____ Date: _____

A parent or guardian is required to sign here If registrant is a minor (under the age of 18)

Parent/Guardian: _____ Date: _____ Relationship: _____