YUMA COUNTY SHERIFF

Sheriff Todd Combs

Community Service Program Registration Agreement

Client Name: _____

PLEASE READ AND INTIAL THE FOLLOWING:

I understand that the Court had ordered me to the Useful Public Service also known as community service, serving Yuma County. I agree to complete my community service, and acknowledge that this registration agreement shall remain in effect until the final discharge of my case. I further understand and agree to the following.

_____ 1. I will immediately advise the Community Service Program of any charges of my address or phone.

_____ 2. I will complete my community service on an unpaid "hours for hours" basis. I understand that I will not accept placement at an agency where I work or that I am associated with unless I discuss the placement with my case manager and as my case manager approves.

_____3. I understand that the Community Service Program provides supplemental accident insurance coverage. This insurance provides limited coverage for medical costs, as well as payment for death, dismemberment and loss of sight. This supplemental insurance, together with any existing health insurance I may have, is for payment of medical expenses if an accident occurs while completing my Community Service. As with any insurance policy, there are limitations, exclusions and responsibilities for making a claim. I understand that it is my responsibility to make a claim. I further understand my participation in this program is not covered under the Worker's Compensation Act.

_____4. I understand that I am not covered by supplement insurance if I change placement without first notifying and obtaining approval from the Community Service Program or if I work past my scheduled completion date. I also understand that I will not receive credit for any hours performed past my completion date or if I work at an unapproved placement agency.

_____5. If I am inured while performing my Community Service, I agree to **immediately** notify the onsite Agency representative and my case manager.

_____6. I will not be under the influence of illegal drugs or alcohol while performing my Community Service.

_____7. I will **immediately** contact my Community Service Case manager if I have a problem with my placement agency or completion date.

_____8. I am responsible to ensure that my Time Sheets are returned to the Community Service Program When my hours are completed and by no later than my Completion Date. If I fail to do so the hours Completed will not be credited to my case.

I understand that if I fail to comply with this Registration Agreement or with the other instructions from the Community Service Program, I am subject to disqualification from the program and loss of my hours worked. Notice of such disqualification will be sent to the Court, Probations Department or Program or referring agent and a warrant may be issued for my arrest. I authorize the Community Service Program to release information to the placement agency to which I am assigned and to any referring agent for the purpose of establishing and monitoring my Community Service assignment. I hereby release Yuma County Sheriff's Office, Yuma County and their officials, employees and agents, from any and all liability, loss, damage, claim, demand or cause of actions, whether the claim is based on read to me, the above and fully understand its contents and meaning.

Client Signature _____ **Date:** _____

Parent/Guardian or Legal Custodian Signature: _____ **Date:** _____

Community Service Case Manager _____ **Date:** _____

310 S. Ash, Suite G - Wray, CO 80758 P-970.332.4805 F-970.332.5820