Eureka Rescue Mission

REGISTRATION FORM

Men's Shelter · 110 2nd Street, Eureka, CA · (707) 443-4551

Registration Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Year: _____ Age: _____

► **Are you required to register as a sex offender pursuant to California PC 290?** _____

Do you have identification? _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Address: _____

Are you on medications? Yes ( ) No ( )

If yes, what type? _____

How long have you been homeless? _____

Do you have any source of income? If so, what type? _____

Where are you from (town/state)? _____

1. I have read and understand the policies and procedures and will comply with all.
2. I confirm that the information I have given on this form is true and correct.
3. I understand that the Eureka Rescue Mission has a number of rules that I must follow in order to stay at the Mission.
4. I understand that I can ask a staff person to clarify the rules I do not understand.
5. I understand that the Eureka Rescue Mission is not responsible for any lost or stolen articles.
6. I understand that the Eureka Rescue Mission can drug or alcohol test me at any time. Refusal of the test will result in the immediate loss of services and removal from the property.
7. I understand that the Eureka Rescue Mission reserves the right to refuse any services at any time for any reason deemed necessary by staff.
8. I understand that I have a maximum of 60 days emergency housing available to me by the Eureka Rescue Mission.

This information is for Mission use only.

Signed By: _____ Date: _____