Evidence Based Prison
OFFENDER PARTICIPATION AGREEMENT

I, _____understand that there are a number of rules and expectations which I must respect as a participant in the Evidence Based Program. By signing this agreement, I acknowledge my awareness and understanding of the following:

1. **I understand that I was referred to this program. I also understand that I am showing a willingness to participate in this program to make changes in my life.**

2. **I understand that this is a 2-year program, and I am committing to actively participate during this time.**

3. **I agree to promptly attend all scheduled sessions unless given an excused absence from staff.**

   I also understand that the program staff and/or volunteers have the discretion to determine if my missing a session was legitimate. I understand that if my progress in the program is affected by excessive absences I may be terminated from the program and not receive a certificate of program completion.

4. **I understand that the personal information discussed in the groups is confidential and I agree to respect this confidentiality by not discussing the information outside the group. However, I also understand that if I say anything that could show I plan to harm myself, someone else or the safety of the prison, my counselor, facilitator, or other staff will report the information.**

5. **I understand that I will be discharged from the program if I violate any of the following:**
   - **Acts of physical violence, possession of weapons, gang-related activity,**
   - **Escape planning, use and/or possession of alcohol or any illicit drugs, and any act, which puts at risk the program, program participants, staff, volunteers, or the institution.**
   - **Possession of a cell phone**

6. **I understand the program will support and follow all institutional rules and regulations outlined in the inmate handbook. I agree to follow all institutional and program rules and procedures.**

7. **I understand that during the time I am an active participant in this program I will be housed at the Evidence Based Prison.**

8. **At all times I will conduct myself with respect for each participant, staff, and volunteer.**

Retention Schedule: Upon completion this form shall be maintained in offender's file for two (2) years or if program completion occurs prior to two (2) years, it may be removed.

9. I am to always keep myself and the dormitory inspection ready.

10. I understand I may be discharged for lack of progress toward goals and/or consistent violation of rules and procedures.

11. I understand that I will receive a Certificate of Completion if I satisfactorily meet all requirements of the program.

THE ABOVE INFORMATION HAS BEEN EXPLAINED TO ME AND I HAVE RECEIVED A COPY OF THE PROGRAM RULES.

Printed Name of Offender		**GDC Number**	
Participant Shirts Issued	**Date: _____ Quantity: _____ (should be 3)**	**Participant Shirts Returned**	**Date: _____ Quantity: _____ (should be 3)**
Signature of Offender		**Date**	
Offender Agrees to participate ☐	**Offender Refused to participate ☐**		
Printed Name of GDC Staff		**Facility**	
Signature of GDC Staff		**Date**	
Status	**Approved ☐ Denied ☐**	**Anticipated Start Date**	
GDC ONLY COMPLETION FOR PROGRAM DISMISSAL			
Offender Dismissal from program effective date:			
Justification for program dismissal			
Offender is eligible to participate date:			
GDC Staff (printed name & title):			

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