



Gloucester Police Department Program Participate Agreement

This is to certify that I, (participate name) _____ , agree to allow a Volunteer ANGEL to accompany me during my intake.

I further understand that at any time I no longer feel comfortable with the Volunteer ANGEL I can request a new Volunteer ANGEL (if available) or to not have a Volunteer ANGEL assigned to me.

I also agree to be contacted in the future by the Gloucester Initiative and PAARI to learn about my experience in the program. I understand that the information I provide may be used by the Gloucester Initiative and the Police Assisted Addiction Recovery Initiative to help improve the program. My name will not be used.

I also agree to allow any and all treatment centers to update the Gloucester police department and/or the Gloucester Initiative on the status of my treatment and/or any other issues deemed relevant. This is done purely for statistic reasons and will be used for follow up on the program. These updates will be secure and strictly confidential.

I agree that if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the ANGEL , this will be done only with mutual agreement between the participate and the ANGEL.

I further agree that any scheduled contact with the ANGEL outside of the Gloucester initiative or the Gloucester police department is a personal decision and will not be inclusive in any part of the ANGEL program.

_____ / _____

Signature of Participate / Date

_____ / _____

Signature of Witness / Date