



SAFE PASSAGE INITIATIVE

POLICE GIVING ADDICTS HOPE THROUGH THE TOOLS FOR RECOVERY

Program Participant Agreement

This is to certify that I, (participant name) _____, agree to allow a Volunteer Safe Passage Guide to accompany me during my intake.

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

I also agree to be contacted in the future by the Safe Passage Initiative to learn about my experience in the program. I understand that the information I provide may be used by the Safe Passage 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 Dixon Police Department / Lee County Sheriffs Department and/or the Safe Passage Initiative on the status of my treatment and/or any other issues deemed relevant. This is done purely for statistical 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 Guide, this will be done only with mutual agreement between the participant and the Guide.

I further agree that any scheduled contact with the Guide outside of the Safe Passage Initiative or the Dixon Police Department / Lee County Sheriffs Department is a personal decision and will not be inclusive in any part of the Safe Passage Initiative.

_____/_____
Signature of Participant / Date

_____/_____
Parent/Guardian(Participant is under 18)/ Date

_____/_____
Signature of Witness / Date



Dixon Police Department / Lee County Sheriffs Department

