POLICE DEPARTMENT

76 Tinker Street •Woodstock NY 12498

This is to certify that I, _____

Chief of Police: Clayton Keefe

Colony of the Arts

Phone: 845-679-2422• Fax: 845-679-2009

Dispatch Supervisor: Laurie Hamilton

Woodstock Outreach Initiative Program

Participant Agreement

agree to allow an officer and/or a Volunteer Angel to accompany me during my inta	ke.
I understand that at any time I no longer feel comfortable with the Volunteer Angel request a new Volunteer Angel (if available) or to not have a Volunteer Angel assigned	
I also understand that I may be contacted in the future by a member of the Initiative input on the Initiative's effectiveness and ways to improve it; any information I wish will be strictly confidential.	•
I agree to allow any and all treatment centers I've entered as a result of the Initiative representatives of the Initiative on the status of my treatment and/or other issues d relevant. These updates will be used purely for statistical reasons to help improve the and will be strictly confidential.	eemed
I agree that any exchange of contact information (phone numbers, email addresses, addresses, etc.) with the Angel will be done by mutual agreement between the Angel myself.	-
Lastly, I agree that any scheduled contact with the Angel outside the Initiative and/o Woodstock Police Department is a personal decision and will not be inclusive in any Initiative	
Name and Signature of Participant	
Date	
Name and Signature of Volunteer Angel or Police Personnel	
Date	