

Participant Contract

As a participant in the Bridging the GAP program, I do hereby agree to the following terms:

I understand that participation on the Bridging the GAP program is voluntary and that I may choose to withdraw my participation at any time

I understand that I may be asked personal information in order to produce a customized Guided Action Plan, and I can choose to withhold any information that I am not comfortable divulging

I understand that I am responsible for the tasks that I set regarding my plan and any outcomes that may result

I understand that a primary role of my Rehabilitative Guide is to act as an accountability partner for meeting the larger goals of my plan

I agree to attend the mutually agreed upon scheduled meetings set between my Guide and myself

By signing this form I acknowledge that I am requesting a Guided Action Plan to be customized to my rehabilitative needs to the best of the Bridging the GAP program's ability to do so

Participant Name: _____

CDCR# _____

Participant Signature: _____

Date: _____

Rehabilitative Guide Name: _____

CDCR# _____

As the Rehabilitative Guide overseeing this Guided Action Plan, by signing this form, I hereby attest to witnessing the above named person signing this contract of his own free will, and thereby agreeing to all present terms.

Rehabilitative Guide Signature: _____

Date: _____