

Bridging the GAP

Voluntary Withdrawal Form

I, _____, acknowledge the following:

- I am voluntarily withdrawing my participation in the Bridging the GAP program as a participant
- The Guided Action Plan created for me by my Rehabilitative Guide is mine to keep and use in my rehabilitation
- In the future, should I so choose to participate in the Bridging the GAP program, I shall seek out my Rehabilitative Guide(s), or a Directing Guide, to request my re-admittance as a Participant

Having read and understood the above terms, I the undersigned do agree to my voluntarily withdrawal from the Bridging the GAP program.

Participant Name: _____

CDCR# _____

Participant Signature: _____

Date: _____

Rehabilitative Guide Name: _____

Signature: _____

Directing Guide Name: _____

Signature: _____