

# 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: \_\_\_\_\_