

Applicant Information (to be completed by inmate):

Name	Institution
Religious Affiliation: Denomination/Branch within Faith Tradition:	

On a separate sheet, please state why you wish to participate in the program.

AGREEMENT TO PARTICIPATE IN THE BUREAU OF PRISONS  
 LIFE CONNECTION PROGRAM

I understand that I am responsible for:

- Knowing the rules, goals, and schedules of my spiritual development program;
- Attending all scheduled sessions that are assigned to me. Should I leave prior to the conclusion of the session, without permission, this will be considered an absence;
- Completing all assignments on time;
- Participating actively in group sessions. Examples of active participation include appropriate self-disclosure and providing feedback to others;
- Working on the goals/objectives of my spiritual development program;
- Being attentive during all individual and group sessions;
- Keeping confidential all information discussed in group;
- Following the Bureau of Prison's rules and regulations. When I incur an incident report because I have failed to follow rules and regulations, I may be expelled from the program; and
- Continuing to meet my FRP and/or GED obligations to remain in program.

I give permission for Life connections Program personnel and religious contractors to access program-related personal information. I understand this information will be solely used in conjunction with the Life Connections Program and not for any other purpose.

I have read, or have had this document read to me, and I understand and agree to the rules and regulations for participation in the Bureau of Prison's Life Connection Program.

Reg. No.	Inmate (Printed Name)
Date	Inmate Signature
Date	Chaplain (Printed Name)
Chaplain Signature	