

WAIVER OF ESCORT AND SUPERVISION - VOLUNTEERS

| Name of Volunteer | Institution | Date of Request |
|-------------------|-------------|-----------------|
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Type of Service to be Provided

Reason for Request

The subject has received the following Bureau of Prisons familiarization training

The following results were obtained from the applicable security checks (i.e., fingerprint check, NCIC)

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|------------------------------|------|
| Requested by Program Manager | Date |
| Approved by CEO | Date |