

**LIFE CONNECTIONS PROGRAM (LCP)  
PARTICIPATION AGREEMENT**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

**AGREEMENT TO PARTICIPATE IN THE BUREAU'S  
RESIDENTIAL LIFE CONNECTION PROGRAM**

**GENERAL QUALIFICATIONS:**

**(To be completed by inmate and witnessed by Chaplain)**

Inmates who volunteer to participate in the Bureau of Prison's Residential Life policies prior to admission.

All program participants agree to participate in courses/classes/individual and/or group counseling sessions as designated by the LCP Chaplain and Unit Team.

All program participants agree to refrain from any behavior disruptive to the program or to the participants and staff of the program.

All program participants agree to complete all tasks as assigned.

All program participants agree to take part in all program activities as assigned.

All program participants agree to accept responsibility for not disclosing inmate information.

All program participants have been informed and understand that they may be expelled from the program for failure to comply with program rules and regulations. Inmates will always be considered for immediate expulsion when they have committed a prohibited act. The institution's Review Committee will evaluate all inmates to determine continued appropriateness for the program.

**AGREEMENT AND RESPONSIBILITIES:**

I understand that I am responsible for:

1. 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; and,

Following the Bureau of Prisons' 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.

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

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