

Program Delivery Agreement
Risk Reduction Services Programming

In cooperation with Re-entry and Risk Reduction the Operations, Planning, and Training Division is pleased you registered to receive training in one of our programs. With this training, certain expectations do exist. The following is your commitment to uphold these commitments within your institution.

I, _____, have been scheduled to receive training in _____. Upon completion of this training I will be prepared to facilitate this group at my institution. I understand that once trained, I will begin the above group within the next 30 days or during the next available program cycle (unless approved prior to training).

Participant/Staff

Date

DW C&T, Asst. Superintendent, or Chief PO

Date

Please bring a copy of this signed form with you on the first day of training.