

REQUEST FOR SPECIAL SERVICES AND CONSENT TO RELEASE CONFIDENTIAL INFORMATION:

CHAPERONE TRAINING

I, _____, DOB: _____ do hereby acknowledge that I am entering into a specialized training program, Basic Chaperone Training. The offender I am representing is: _____ This person is in treatment at: _____.

I hereby authorize PLS RESOURCES to freely exchange information relating to me and my application to the Chaperone Program, and any other information about me that the chaperone trainer may have to the following person (s) and/or entity: _____

I hereby release the above-named parties from any legal responsibilities or liabilities that may arise from the release of the information stipulated in this form. I understand that I may revoke this consent at any time, except to the extent that action has already been taken regarding that consent.

I will hereby provide PLS RESOURCES a statewide criminal background report reflecting any criminal history or arrest history. I will be responsible for obtaining the background report from the police or sheriff's department of my residence location. A background report can also be obtained by contacting the Tennessee Bureau of Investigation at (615) – 744-4000. You can follow this link to download a application or apply online: http://www.tbi.state.tn.us/background_checks/toris.shtml. The cost of the Tennessee Bureau of Investigation report is \$29.00.

I acknowledge that I am responsible for the fee for services rendered by PLS RESOURCES.

I understand that I am entering a training program. I understand that PLS RESOURCES has the right to not to designate me as an approved chaperone if I am deemed inappropriate. Individuals who are not able to understand the program materials cannot meet approved chaperone requirements. I understand that determination of my progress will be made by the chaperone trainer. I also understand that I may be denied the training program for the following reasons:

- a. Allegations or convictions of sexual abuse
- b. Current drug abuse
- c. Believing the offender is innocent of his/her sexual offense
- d. Offender is not cleared by treatment provider that he/she is ready to be chaperoned
- f. Incomplete application forms

Chaperone Signature

Printed Name of Chaperone

Address/phone

Date: _____

Witness: _____

