

# ECOPLAY PROGRAM

## Sample Group Participation Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I signify that I understand and agree to abide by the following:

### **Confidentiality**

Participants must be able to speak freely and openly. I would not like others in the group to share my personal information; therefore I agree not to share anything that happens or that is discussed in this group with people who are not participating in this group. By signing below, I understand that violation of this confidentiality agreement is deemed sufficient grounds to be removed from the group.

### **Attendance and Participation**

I understand that if my attendance in the group is mandatory (for example, court-ordered) that the facilitator(s) may be required to report information about my attendance. I further understand that in order to successfully complete the program, I must attend all eight sessions. I will be allowed no more than two consecutive absences. I understand that if I am absent more than twice, I may be dropped from the program and will have to begin again at the next scheduled group. I also understand that if I am more than fifteen minutes late, I may be counted as absent. By signing below, I agree not to disrupt the group by arriving late or leaving early except in cases of extreme emergency.

I further agree not to engage in activities that may disrupt the group. I will not take phone calls during group or leave the group during sessions except in case of emergency.

The group meets once per week on (Day of week): \_\_\_\_\_ at: (time of group) \_\_\_\_\_

### **Group Informed Consent**

By signing below, I agree to participate in the Ecoplay Program. My identity and the identity of any other member of the group or others involved directly or indirectly will remain confidential. The facilitators will not use my name or personal identifying information in anything that is written about this group. If data is collected for purposes of research, no identifying information will be collected or retained. Although participation is encouraged, I understand that my participation is voluntary; I do not have to answer questions or speak unless I choose to. I agree to respect the privacy of the people who participate in this group. I will not share any identifying information or details about the discussion outside of this group.

If I have any questions about the group, I can call:

Facilitator Name \_\_\_\_\_

Facilitator Contact Information: \_\_\_\_\_

I have read and understood the information above, and all of my questions have been answered to my satisfaction. By signing below, I voluntarily agree to participate in this group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_