



CHAPERONE/SUPERVISOR OF CONTACT REQUIREMENTS

You must agree to the following conditions to be an approved chaperone/supervisor of contact:

1. The safety of the community overrides all other considerations and questionable activity will be terminated at your discretion.
2. Immediately report any violation(s).
3. Physically put yourself between the individual and any minors.
4. Be knowledgeable about the individual's court ordered conditions and Department imposed conditions.
5. Understand the individual's treatment plan.
6. Be aware and ensure the individual's compliance of verbal and written directives from the case manager.
7. Stay in close proximity. Maintain visual and auditory contact with the individual at all times.
8. Understand the individual will not have contact with any minor. Agree that "contact" means:
 - a. Speaking to a minor in person, by telephone, electronically or passing a verbal message via a third party.
 - b. Having written contact through note, card, or electronic media with a minor, even if through a third party.
 - c. Any physical contact, however slight or unintended, such as touching, hugging, handshakes, pats, horseplay, wrestling, etc.
 - d. Providing a gift to a minor directly, by mail, or through a third person.
9. Understand that the individual:
 - a. Must not be in any position of authority or trust over a minor.
 - b. Is required to be open and honest with the chaperone/supervisor of contact at all times.
 - c. Must not have any secrets between themselves and another person.
 - d. Must never engage in sexualized remarks or innuendoes with any minor.
 - e. Must not present themselves as wanting or needing caretaking or special affections from a minor.
 - f. Must never engage in portraying themselves as a victim of the system.
10. Understand that the individual will always be capable of reoffending.

I understand the requirements of being chaperone/supervisor of contact and agree to adhere to them at all times. I have received a copy of all conditions the individual must abide by.

_____	_____	_____
Supervised individual	Signature	Date
_____	_____	_____
Chaperone/Supervisor of contact	Signature	Date
_____	_____	_____
Case manager	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file **COPY** - Supervised individual, Chaperone/Supervisor of contact