

TEEN CHALLENGE OF WESTERN KENTUCKY

CIVIL RIGHTS WAIVER

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail as well as exercising the religion of my choice. Teen Challenge is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and voluntarily submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problems, I understand staff may regulate and monitor my communications including mail, phone, and visits.

I voluntarily give my consent allowing staff to exercise these procedures as outlined in the student handbook, which I have read or have had read to me. I fully understand my rights and what I am waiving.

Signature of Student

Date

Signature of Witness

Date

APPEAL PROCEDURE

If a student has a significant complaint or firmly believes that a staff member's instructions or decision violates the program mission and purpose, the student's treatment goals, or the security of the program, the student may appeal to the Facility Manager. The Facility Manager may meet with the student and staff member individually or together and attempt to resolve the conflict as soon as possible. Should the student be dissatisfied with the decision made by the Facility Manager, the student may continue this appeals process to the Executive Director. If still not satisfied, the Student may request a hearing before the Grievance Review Committee (three delegates appointed by the Board of Directors of Teen Challenge of Western Kentucky). The Grievance Committee will have final authority in any appeal matters and will reach a decision within two weeks of the request for a hearing (excluding program holidays).

I, _____, have read or have had read to me the above appeal procedure and fully understand my rights of appeal.

Signature of Student

Date

Signature of Witness

Date