

ARIZONA REGIONAL H&I CORRESPONDENCE ONLY AGREEMENT

SPONSOR'S FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPONSORSHIP NAME: \_\_\_\_\_

NUMBER OF INMATES TO SPONSOR: \_\_\_\_\_

As a sponsor, I agree to:

1. Refrain from any contact other than through the mail
2. Refrain from abusive or profane language in my correspondence
3. Refrain from supplying my sponsee with materials
4. Refrain from giving my sponsee any of my contact information
5. Refrain from visiting my sponsee
6. Refrain from having any contact with my sponsee outside the facility
7. Refrain from contacting anyone whom my sponsee might ask me to contact
8. Refrain from revealing any damaging personal information
9. **Respect the confidentiality of my sponsee**

I understand that every letter I send into a facility can be opened and checked for content. The content of each letter will remain on topics outlined by the program of Narcotics Anonymous. My discretion will be exercised in writing about any matter that could be used to jeopardize the safety and security of the facility, staff, residents, this subcommittee, or anyone else. I understand that my failure to adhere to any of these provisions will result in termination of my participation in the sponsorship program and may put the entire program at risk.

The subcommittee will notify me when I am approved as a sponsor and will assign me a sponsee at the appropriate time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_