

## Arlington County Operation Safe Station Participation Agreement

I, \_\_\_\_\_, have read and fully understand the program description for  
Participant's Name  
Operation Safe Station and voluntarily agree to participate in the program. Additionally, I fully understand and agree, as indicated by the below initials, to the following:

- \_\_\_\_\_ 1. There are no outstanding warrants for my arrest.
- \_\_\_\_\_ 2. I have not been previously convicted of manufacturing, giving, selling, distributing, or possessing with the intent to manufacture, give, sell, or distribute a controlled substance or an imitation controlled substance.
- \_\_\_\_\_ 3. I have not previously participated in Operation Safe Station.
- \_\_\_\_\_ 4. I am over the age of 18 or I am present with a consenting parent or guardian.
- \_\_\_\_\_ 5. I consent to a search of my person and my belongings.
- \_\_\_\_\_ 6. I will follow the treatment recommendations of the peer specialist.
- \_\_\_\_\_ 7. If I am presently on probation or parole, my probation or parole officer may be informed of the circumstances of my participation in Operation Safe Station.
- \_\_\_\_\_ 8. I have been assessed by law enforcement officers and it has been determined that I do not pose a risk of harm to a peer specialist or other service provider.
- \_\_\_\_\_ 9. I am turning over the following items (describe drug/paraphernalia type and quantity):


I fully understand and agree that by surrendering the above described drugs/paraphernalia and participating in Operation Safe Station I will not be arrested or charged in relation to the above described items with the following offenses: Possession of a Controlled Substance under Section 18.2-250 of the Code of Virginia, Possession of Marijuana under Section 18.2-250.1 of the Code of Virginia, Possession of Controlled Paraphernalia under Section 54.1-3466 of the Code of Virginia, or Public Intoxication under Section 18.2-388 of the Code of Virginia.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date