



ReACTor Accountability Form	
Name	
Participation Type (Independent, Coalition, or Youth Prevention Program)	
School	
Grade	
Youth Leader	
Please give your consent to be accountable for the following reACT participation aspects:	
<ul style="list-style-type: none"><li>• I agree to maintain confidentiality with personal information shared during reACT meetings or events.</li><li>• I will treat others with respect and dignity.</li><li>• I will complete or fulfill tasks I volunteer to perform.</li><li>• I will attend events that I register for and am selected to participate in, understanding that participation may be limited, and my selection may mean another student was not.</li><li>• Obstacles to volunteer completion or attendance will be determined by youth, parents, and youth leader on a case-by-case basis.</li></ul>	
I hereby agree to be accountable to the terms given above.	
ReACTor Signature:	Date:
Parent/Guardian Signature:	Date:
Youth Leader Signature:	Date: