ACCOUNTABILITY FORM

2026-2027

NAME

PARTICIPATION TYPE (INDEPENDENT, YOUTH PREVENTION PROGRAM, REACT COALITION)

GRADE

ADULT ADVISOR

PLEASE GIVE YOUR CONSENT TO BE ACCOUNTABLE FOR THE FOLLOWING REACT PARTICIPATION ASPECTS:

- ✓ I AGREE TO MAINTAIN CONFIDENTIALITY WITH PERSONAL INFORMATION SHARED DURING REACT MEETINGS OR EVENTS.
- ✓ I WILL TREAT OTHERS WITH RESPECT AND DIGNITY.
- ✓ I WILL COMPLETE OR FULFILL TASKS THAT I VOLUNTEER TO PERFORM.
- ✓ 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 SELECTED.
- ✓ YOUTH, PARENTS, AND YOUTH LEADERS WILL DETERMINE OBSTACLES TO VOLUNTEER COMPLETION OR ATTENDANCE ON A CASE-BY-CASE BASIS.

REACTOR SIGNATURE

GUARDIAN SIGNATURE

ADVISOR SIGNATURE