



Community Service Participant Responsibilities Agreement

I, _____, acknowledge that my responsibilities include:
Participant Name

- To report to the placement at the time and dates as agreed upon
- To call my placement supervisor to report an absence
- To call the Akwasasne Court to report an absence
- To arrange my own transportation
- To dress appropriate to the activity I have been assigned
- To follow my placement supervisor's instructions particularly in matters regarding safety
- To perform my community service in a respectful and cooperative manner
- To provide a medical certificate should my community service be delayed for medical reasons
- To notify the Akwasasne Court of any change of address, phone #, email
- To maintain my Community Service Record of Hours form
- To maintain contact with the Akwasasne Court at least every 2 weeks

I have been made aware of and understand my responsibilities as they are set out above. I also understand that if my community service is not fulfilled as agreed, that further court action could result. I hereby am committed to honor my community service order in good faith.

Participant Signature

Date

Parent/Guardian Signature (when applicable)

Date

Akwasasne Court personnel Signature

Date

Placement Supervisor Signature

Date