



# ARROWSMITH COMMUNITY JUSTICE SOCIETY Restorative Action



## AGREEMENT TO PARTICIPATE

**School Name:** \_\_\_\_\_ **Name of School Representative:** \_\_\_\_\_

The school representative named above, has determined that you are an appropriate person to be referred to the Arrowsmith Community Justice Society's Restorative Action program. The goal of the conference is to create a consensus-based group agreement, which will repair the harm and mend broken relationships which resulted from this incident.

1. Your participation in this process is entirely voluntary.
2. The Restorative Action process is an alternative to traditional consequences. As stated in Section 5(b) of the Youth Criminal Justice Act (April 2003): "alternative measures are designed to encourage young persons to acknowledge and repair the harm caused to other parties and their community".

I, (print name) \_\_\_\_\_ have read and understand the above statement(s).

By signing this form:

- I agree to participate in the Restorative Action process. I am willing to repair any harm and to be accountable for my actions.
- I authorize the school to share information regarding this incident, and to give my contact information to the ACJS Restorative Action team for the purpose of facilitating this process.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Guardian Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

### Guardian Contact Information:

Name: \_\_\_\_\_

Address:  same  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

### Youth Contact Information:

Address:  same  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

### School Representative Information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_