



the
**Chickasaw
Nation**

Bill Anoatubby
Governor

Department of Community Services / Chickasaw Employment Access Division
Career Guidance / Toksali SMART
910 Colony Drive / Ada, OK 74820 / (580) 310-9240 / Fax: (580) 235-0553

Virtual Training Agreement

The Toksali SMART program virtual training consists of an online curriculum with the following required training modules: Chickasaw culture, Chickasaw language, life skills, wellness, pre-employment, career exploration, and Chokma, Chinchokma sessions.

By initialing below, I _____ (print name) understand and agree to the following:

As a Toksali SMART program participant:

_____ I agree to participate in all aspects of the Toksali SMART program by completing the required amount of virtual training modules per week assigned to me.

_____ I understand that I am required to complete the number of assigned training modules on a weekly basis.

_____ I understand my failure to participate or complete 100% of my weekly assigned training modules will result in decreased compensation and possible disciplinary actions up to separation from the Toksali SMART program.

_____ I agree to complete all assignments myself and that no one will complete them for me.

By initialing and signing this form, I confirm I have received and understand all information on the above policies and procedures. This form may be used as documentation for coaching, performance management, or corrective action I may receive.

Participant signature

Date

Participant parent/legal guardian signature (if applicable)

Date