

Social Service Program Enrollment Agreement

Date: [Insert Date]

To: [Participant's Name]
[Participant's Address]
[City, State, Zip Code]

Dear [Participant's Name],

We are pleased to inform you that you have been accepted into our Social Service Program, which aims to provide [brief description of services offered]. This letter serves as an agreement between you and [Organization Name].

Program Details

Program Start Date: [Insert Start Date]

Program Duration: [Insert Duration]

Location: [Insert Location]

Participant Responsibilities

- Commit to attending all scheduled activities.
- Participate actively and respectfully.
- Provide feedback to improve the program.

Program Benefits

As part of the program, you will receive:

- [List of benefits]
- [List of resources available]

By signing this letter, you agree to adhere to the program requirements and understand the obligations expected of you as a participant.

Please sign below to confirm your enrollment and return this letter by [Insert Due Date].

Sincerely,
[Your Name]

[Your Title]
[Organization Name]
[Contact Information]

Signature: _____

Date: _____