

YOUTH INITIATIVE VOLUNTEER FORMS

The forms contained herein have been approved by Delta Sigma Theta Sorority, Incorporated, for use by all Chapters. To minimize risk and legal liability, Chapters are prohibited from modifying or altering these forms, except for inserting the name of the Chapter, Youth, Parent/Guardian, or Volunteer.

APPENDIX A1

VOLUNTEER CANDIDATE ASSESSMENT SUMMARY AND CHECKLIST

Volunteer Candidate Name: _____

SCREENING ASSESSMENT SUMMARY

Please place an "X" in the appropriate box.	YES	NO
Does the applicant meet each of the eligibility criteria?		
Are there any Red/Cautionary Flags?		
Did the candidate successfully pass the screening process?		

DOCUMENT CHECKLIST

APPENDIX	TITLE	DISTRIBUTION INSTRUCTIONS	RECEIVED OR COMPLETED DATE
A2	Volunteer Application	Must be completed in full and returned	
A3	Volunteer Candidate Interview	Use the form to conduct face-to-face interviews; the interviewer will document responses on form	
A4	Reference Check Interviews	Can be distributed and returned electronically or conducted via phone/video interview	
A5	Volunteer Candidate Acceptance Letter	Copy/paste to Chapter letterhead	
A6	Volunteer Candidate Rejection Letter	Copy/paste to Chapter letterhead	
A7	Some Signs and Symptoms of Child Abuse	Distribute with Volunteer Application for candidate to keep for their reference	
A8	Delta Youth Initiatives Code of Ethics Mandatory Reporting Policy	Candidate will initial, sign, and return	
A9	Volunteer Suspension Letter	Copy/paste to Chapter letterhead	
A10	Volunteer Termination Letter	Copy/paste to Chapter letterhead	
A11	Annual Confirmation of Youth Volunteer Status and Information Update	Volunteer screening is valid for 3 years; cleared volunteers will complete form on years 2 and 3	
	Annual Confirmation of Youth Volunteer Status and Information Update	Volunteer screening is valid for 3 years; cleared volunteers will complete form on years 2 and 3	

Name of Chapter Member Completing the Review: _____

Date: _____

APPENDIX A2

YOUTH INITIATIVE VOLUNTEER APPLICATION

PLEASE RESPOND TO THE QUESTIONS BELOW BY PLACING AN "X" IN THE YES/NO COLUMN

	VOLUNTEER CANDIDATE INTERVIEW QUESTIONS	YES	NO
1	Are you at least 18 years of age?		
2	Are you willing to attend a training course about Delta's policies and procedures governing its youth initiatives and to keep current on updated policies?		
3	Do you agree to complete the background screening procedure, which includes a face-to-face interview, reference checks, and a criminal background check?		
4	Have you ever been charged with, or convicted of any crime, including any misdemeanor or felony? If so, check "Yes" and provide details in section below. For each instance, provide the following information: (a) the relevant charges; (b) relevant dates; (c) identify the court(s) in which any proceedings were held; (d) supply the disposition related to all charges (e.g., acquittal; conviction; no contest; charges currently pending, etc.); (e) list the punishment that was issued related to any convictions		
5	Have you ever been investigated by state or federal authorities for child abuse or neglect? If so, provide details in section below, including: (a) reason for investigation; (b) relevant dates; (c) relationship to child/children involved; (d) the agency or agencies that conducted the investigation; (e) the court(s) in which any proceedings were held; (f) results of investigation; (g) any punishment or other requirements imposed by the relevant authorities		
6	Have you ever been treated (outpatient or inpatient treatment) for any mental illness, psychiatric condition, or drug or alcohol addiction? If so, explain in section below, and provide applicable dates of treatment or hospitalization.		
7	Have you ever been terminated from a paid or volunteer position? If so, explain in section below.		
8	Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of young people? If so, explain in section below.		

Provide explanations below (attach additional sheets as necessary and reference the applicable question number).

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(Continued on next page)

APPENDIX A2 (cont'd)

YOUTH INITIATIVE VOLUNTEER APPLICATION

I. SCREENING PROCEDURE

It is the policy of Delta Sigma Theta Sorority, Incorporated ("Delta") that each potential volunteer for any of its youth initiatives programs be screened by the Chapter. As part of the screening process, you are required to:

- a. Complete this written application.
- b. Consent to background screening, which includes: (1) state and/or federal criminal background checks and (2) search of state and federal sex offender registries.
- c. Provide two personal references and two professional references.
- d. Copy of driver's license or state issued identification.
- e. Complete a personal interview.
- f. Notify the Chapter immediately if convicted of an offense at any time after submitting this application.

II. PERSONAL INFORMATION

Last name: _____

First name: _____

Middle name: _____

Previous last names (maiden, previous married, etc.): _____

List any aliases or other names used: _____

Date of Birth: _____

Current Driver's License No. _____ State: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____

(Work) _____ Email: _____

(Continued on next page)

APPENDIX A2 (cont'd)

YOUTH INITIATIVE VOLUNTEER APPLICATION

III. CRIMINAL BACKGROUND CHECK FEE REQUIREMENT

In order to ensure that our youth initiative programs are conducted in a safe environment, all volunteers and parents or guardians who have direct contact with youth on multiple occasions must complete Delta's FULL volunteer screening process, including an online criminal background check. The background check must be conducted by a vendor selected by Delta and the volunteer/parent or guardian is responsible for payment of the background fee. The criminal background check fees average between \$35 - \$130 and are non-refundable. The chapter will provide the necessary information to access the online vendor selected by Delta.

IV. INFORMATION RELEASE

I, _____ hereby authorize the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to conduct background screening related to my application for a volunteer position with the Chapter's youth initiative programs. The Chapter's background screening procedures include the review of local, state, and nationwide criminal background checks, the search of state and federal sex offender and child abuse registries and other databases, and communication with personal and professional references.

I authorize the Chapter to obtain information necessary to complete its background screening procedures to be obtained from any relevant source, including federal, state, and local law enforcement agencies; searchable online official registries and databases; and individuals I have identified as personal and professional references.

I also authorize the Chapter to complete background screening on me on a triennial basis (every 3 years) for as long as I remain a volunteer if I am accepted as a volunteer and serve for more than one year. I further agree to complete all requirements to facilitate the Chapter's completion of such background screening.

(Continued on next page)

APPENDIX A2 (cont'd)

YOUTH INITIATIVE VOLUNTEER APPLICATION

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer.

I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____

Name: _____

Date: _____

APPENDIX A2 (cont'd)

YOUTH INITIATIVE VOLUNTEER APPLICATION

V. REFERENCES

Please list the names, addresses, and phone numbers of four people you would like to use as character references (only people you have known for at least one year). Any information Delta Sigma Theta Sorority, Incorporated gathers from these references will be treated confidentially and will not be released to you, the applicant.

Reference 1:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

Reference 2:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

(Continued on next page)

APPENDIX A2 (cont'd)

YOUTH INITIATIVE VOLUNTEER APPLICATION

Reference 3:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

Reference 4:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

APPENDIX A3

VOLUNTEER CANDIDATE INTERVIEW

Applicant: _____

Interviewed By: _____

Date: _____

1. Why do you want to become a volunteer?

2. How do you think you can help a youth by volunteering? (if not answered in response to question #1)

3. What do you think are your strengths?

4. What are your weaknesses?

5. What was your own childhood like?

6. Have you ever abused or molested a youth?

7. Do you have any experience working with children? If so, describe the experience and explain how it will help you in volunteering with this program.

8. What challenges do you think young people face today that they need help with the most?

APPENDIX A3 (cont'd)

VOLUNTEER CANDIDATE INTERVIEW

9. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

10. What hobbies or interests do you have?

At this point, seek to clarify any questions or issues that arose from the written application.

11. Do you have any questions that I can answer for you?

APPENDIX A4

REFERENCE CHECK INTERVIEW

Applicant name: _____ Date: _____

Interviewed By: _____

Reference Name: _____

Reference Phone Number(s): _____

Your name has been given to us as a reference for _____, who has applied to be a volunteer in our youth initiatives program. I would like to ask you some questions about him/her. Your answers will be held in absolute confidence; they will not be shared or accessible to him/her. Would you be willing to answer several questions?

1. How long and in what capacity have you known the candidate?

2. How does the candidate relate to people in general?

3. How would you describe the candidate?

4. Do you feel the candidate would be a good volunteer and role model to a child?

5. Do you think the candidate relates well to children and young people? _____

APPENDIX A4 (cont'd)
REFERENCE CHECK INTERVIEW

6. Does the candidate usually keep his/her commitments?

7. Is he/she on time for appointments and events? _____

8. To your knowledge, has the candidate ever been convicted of a crime? _____

9. To your knowledge, has the candidate ever been accused of or in any way involved with or associated with: abuse of youth (any kind of abuse); substance abuse or distribution; or using or handling dangerous weapons (unless authorized to do so (e.g., military or law enforcement)?

10. Do you know of any problems or issues that would affect the candidate's ability to work with a child?

11. Would you feel comfortable allowing the candidate to spend time alone with your child/child relative?

12. Do you have any additional comments about the candidate?

APPENDIX A5

VOLUNTEER CANDIDATE ACCEPTANCE LETTER

[INSERT CHAPTER LETTERHEAD]

Date

Ms./Mr. XXXXX XXXXX
4321 North Webster St.
Winwood Heights, IL 97217

Dear Ms./Mr. XXXXXX:

Congratulations!

The _____ Chapter of Delta Sigma Theta Sorority, Incorporated is happy to inform you that you have been accepted to participate as a volunteer with the _____ program, conditioned upon your successful completion of the volunteer training program. We are excited about your participation. Without the enthusiasm of volunteers like you, we would not be able to accomplish our mission.

We thank you for taking the time and making the effort to join our program, and we look forward to continuing to support and assist you as a volunteer.

Sincerely,

Chapter President

APPENDIX A6

VOLUNTEER CANDIDATE REJECTION LETTER

[INSERT CHAPTER LETTERHEAD]

Date

Ms./Mr. XXXXX XXXXX
4321 North Webster St.
Winwood Heights, IL 97217

Dear Ms./Mr. XXXXXX:

On behalf of the _____ Chapter of Delta Sigma Theta Sorority, Incorporated, I want to express my sincere thanks for your interest in serving as a volunteer with our youth initiative program. I understand that you have given a considerable amount of time to the application process, and we greatly appreciate your effort. Upon review of your application and assessment of our needs related to the program, we will not be able to offer you a position as a volunteer.

Thank you again for your time and interest in our program.

Sincerely,

Chapter President

APPENDIX A7

SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

(Distribute to all volunteers with the application for their reference)

I. What is Child Abuse?

Although the definition of child abuse is broad, the following is offered as a guide. Child abuse consists of any act of commission or omission that endangers or impairs a child's physical or emotional health and development. Child abuse includes any damage done to a child which cannot be reasonably explained, and which is often represented by an injury or series of injuries appearing to be non-accidental in nature.

II. The Major Forms of Child Abuse Are:

- Physical abuse, including neglect or lack of adequate supervision
- Emotional abuse or deprivation
- Sexual abuse

III. Who Inflicts the Abuse?

Child abusers are found among all socio-economic, religious, and ethnic groups and are most often ordinary people who are not strangers to the child or the child's family.

A child abuser is usually a person closely related to the child such as a parent, step-parent, or other caretaker, or someone whom the child trusts, such as a family friend, a minister or religious leader, social worker, coach, or counselor.

IV. How Can I Identify Child Abuse?

It is important to remember that child abuse is not usually a single act, but a repeated pattern of behavior. This is true of all types of abuse, physical, emotional, and sexual. The following symptoms are offered as general guidelines to help you identify an abused child.

A. Physical Abuse

Signs to watch for include:

- Bruises or welts appearing on the body, especially those which reveal the shape of some object used to produce them, e.g., sticks, belts, buckles, electrical cords, a hairbrush, etc.
- Bruises which are unexplained or located on parts of the body which usually do not get bruised in the bumps and falls that occur in a child's everyday living. It is normal for a child to get bruises on his shins, knees, elbows, or forehead occasionally. It is suspect for a child to be bruised on the eyes, mouth, back, buttocks, genital areas, thighs, or calves

APPENDIX A7 (cont'd)

SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

- Small circular burns appearing on face, arms, hands, buttocks, or soles of feet that may have been inflicted by a cigar or cigarette.
- Burns with a “sock” or “glove-like” appearance on hands or feet and “doughnut” shaped burns on the buttocks. These types of burns are usually caused by either dipping or forcing the child to sit in scalding liquid.
- Burns that leave a pattern outlining the object which was used to make the burn such as an iron, electric burner, heater, or fireplace tool.
- Burns caused by rope friction, usually found on legs, arms, neck or torso as the result of having been tied up.
- Unexplained fractures to nose, face, ribs, legs, or other parts of the body.
- Injuries in various stages of healing which appear in a regular pattern or are grouped together.
- Other types of abrasions or lacerations appearing on the body, which have no apparent reasonable explanation.
- Human bite marks, especially those that are adult sized.

B. Physical Neglect

Signs to watch for include:

- Child continually hungry.
- Consistent lack of cleanliness or an intense obsession with cleanliness.
- Clothing not suitable to weather conditions.
- Evidence that the child’s physical and medical needs are not being met.
- Lack of supervision especially in dangerous situations or while participating in activities which extend over long periods of times.
- Behavior that does not appear “normal,” e.g., severe anxiety around other children or adults, anti-social behavior in the form of hostile aggression, or withdrawn behavior accompanied by depression.

C. Emotional Abuse and Deprivation

The negative effects of emotional abuse can be just as devastating to a child’s development emotionally, intellectually, and behaviorally as are the injuries sustained by physical abuse. Most physical abuse is accompanied by emotional abuse as well. Although this type of abuse is often more difficult to recognize and identify, an adult who is observant and pays close attention to a child will soon develop the ability to recognize troubling signs.

APPENDIX A7 (cont'd)

SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

Signs to watch for include:

- Behavior which indicates apathy or depression.
- Behavior which is anti-social and hostile in nature.
- Loss of appetite, refusal to eat, and/or overeating as a source of comfort or substitute for being loved.

D. Sexual Abuse

Sexual exploitation, molestation, and incest are additional devastating types of child abuse. The societal taboos surrounding this type of abuse make some communities reluctant to acknowledge the existence of this form of abuse, and this in turn, makes it more difficult for children to report it.

The nature of sexual abuse makes it difficult to observe and therefore often more difficult to report. The guidelines given here for the detection of sexual abuse are by no means comprehensive. Symptoms given here may exist singly or in various combinations. It is essential to remember that this form of abuse makes the child a victim. Those children who seek help are often accused of lying, as adults usually do not want to believe them. In addition, the victim of sexual abuse is most often pressured into secrecy about the sexual activity by the abuser, leaving the child feeling helpless and guilty because of her behavior with no place to turn for help and no acceptable way out.

Signs to watch for include:

- Child expresses or implies involvement in sexual activity with parent, another adult, or older child.
- Child's clothing appears stained, torn, or bloody.
- Child reports pain, itching, bruises, or bleeding in the genital area.
- Child has been diagnosed as having venereal disease of eyes, mouth, genitalia and/or anus.
- An unwanted pregnancy occurs, and the victim is hesitant to reveal partner.
- Child expresses the presence of severe emotional conflict at home but is fearful of intervention.
- Child demonstrates withdrawn behavior, refuses to participate or dress appropriately for physical activities, and/or appears to spend extended periods of time in a fantasy world.
- A young child demonstrates an exaggerated knowledge of or interest in adult sexual behavior evidenced by either seductive actions and conversations or shows fear of intimate contact with others.
- A child is known to be the victim of other forms of abuse by parent(s).

It is important to remember when children report information related to sexual topics or suspicious activities, they need to be believed. It may be a cry for help.

APPENDIX A8

DELTA YOUTH INITIATIVES CODE OF ETHICS

All members and any Delta staff working with participants in Delta's youth initiatives are expected to observe a code of ethics. This Code of Ethics embodies the affirmation of your commitment to follow tenets that are integral to Delta's youth initiatives. Please initial each statement below:

_____ **I will treat youth with respect, care, and acceptance.** I know that all young people are valuable and capable of helping others and improving their communities. I will use a democratic approach when working with youth.

_____ **I will honor my volunteer commitment.** I will strive to live up to my volunteer commitment by working the hours necessary to fulfill the volunteer role I have accepted.

_____ **I will seek training for my volunteer role.** I will participate in meetings, self-study, or other training opportunities, which will help me work more effectively with youth and adults.

_____ **I will provide a safe environment.** I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful activities.

_____ **I will abstain from using alcohol or any illegal substance while working with or while responsible for youth;** neither will I allow youth to use any such substance while under my supervision. For states where substances, such as marijuana, are legal, I will abstain from use while working with or while responsible for youth.

_____ **I will obey the laws of the locality, state, and nation.**

_____ **I will strive to be a positive role model.** By my example, I will help youth learn to respect and cooperate with others. I will teach others to compete honestly and fairly.

_____ **I will work as a "team player" for the good of all persons.** I will work cooperatively with other adult volunteers for the good of all involved in the youth initiatives.

_____ **I will work within the Delta Sigma Theta Sorority system.** As a volunteer, I am accountable for my actions. If my personal conduct is deemed to be in violation of any of Delta's policies, I understand I may be relieved of my volunteer role.

_____ **I will not have unsanctioned outside contact with any youth participant;** without the expressed written permission from the Parent/Guardian or the Parent/Guardian is physically present during the outside contact.

APPENDIX A8 (cont'd)
MANDATORY REPORTING POLICY

It is the policy of Delta Sigma Theta Sorority, Incorporated ("Delta") that all staff, members, and any participant in the youth initiatives must immediately report any suspected child abuse and/or neglect of program participants or other incidents involving program participants. All such suspected reports must be made to appropriate state and/or local authorities, and to the Chapter President. The Chapter President shall notify the Regional Director immediately of all allegations of abuse and or neglect or other incidents involving program participants. Delta staff and all volunteers must follow their state's mandatory reporting of child abuse and neglect procedures.

To report child abuse or neglect, contact Child Help USA at 1-800-422-4453. For the most current information on State Child Abuse And Neglect Reporting Numbers and a list of reporting agencies and phone numbers organized by state, refer to the National Organizations section of Child Welfare Information Gateway at <https://www.childwelfare.gov/organizations/>.

The Delta Program appreciates your interest in becoming a volunteer. Please initial your understanding and agreement with each of the following:

_____ I agree to follow all Youth Initiatives Program guidelines and understand that any violation shall result in suspension and/or termination of the volunteer relationship.

_____ I understand that the Delta Youth Initiatives Program is not obligated to provide a reason for its decision in accepting or rejecting me as a volunteer.

_____ I understand that to be considered, I must return all the following completed items, along with this application, and that any incomplete information will result in the delay in processing of my application:

- Copy of valid driver's license
- Signed Youth Initiative Volunteer Application, which includes an Information Release and References

I understand that my signature below authorizes submission of the information in this application for child abuse and neglect and criminal records checks, including sexual offenses, if deemed necessary. In addition, by signing, I certify that all information provided herein is correct, and I agree with and will adhere to Delta's *Code of Ethics* and *Mandatory Reporting Policy* as printed above.

Please read this carefully before signing.

Signature: _____

Name: _____

Date: _____

APPENDIX A9

VOLUNTEER SUSPENSION LETTER

[INSERT CHAPTER LETTERHEAD]

Date

Ms./Mr. XXXXX XXXXX
4321 North Webster St.
Winwood Heights, IL 97217

Dear Ms./Mr. XXXXXX:

I am writing to express our sincere thanks to you for your considerable efforts in furthering the goals of our **[insert name of youth initiative program]**. We greatly appreciate your work.

Unfortunately, we have received information that requires us to investigate your conduct in connection with youth participants in the program. Until we have concluded the investigation into the allegations, we will remove your name from the volunteer list for this program. You should discontinue any further contact with youth participants and involvement with program activities.

Thank you once again for the time and effort you put into this program.

Sincerely,

Chapter President

APPENDIX A10

VOLUNTEER TERMINATION LETTER

[INSERT CHAPTER LETTERHEAD]

Date

Ms./Mr. XXXXX XXXXXX
4321 North Webster St.
Winwood Heights, IL 97217

Dear Ms./Mr. XXXXXX:

Unfortunately, we have received information that requires us to terminate your position as a volunteer with our youth program. Upon receipt of this letter, you must immediately discontinue any further contact with our youth participants and any involvement with our youth program activities.

I hope you understand that as the President of _____ Chapter of Delta Sigma Theta Sorority, Incorporated, I must put the needs of our youth first and foremost. If you have any questions, please feel free to contact me at _____.

Sincerely,

Chapter President

APPENDIX A11

ANNUAL CONFIRMATION OF YOUTH VOLUNTEER STATUS AND INFORMATION UPDATE

I understand it is the policy of Delta Sigma Theta Sorority, Inc. that volunteers in Delta's youth activities must undergo background screening every three years to remain a volunteer. In the years that a background check is not required, I understand that I must confirm that my personal information has not changed from the prior year. If any information has changed, I understand that I must provide the updated information.

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer. I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

Updated Information: Any changes to my name, address, phone, email, driver's license, or state issued identification number is listed in the box below. I have also listed in the box below any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer.

Please initial your confirmation of the following:

_____ I have no updated information or any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer from the prior year.

Signature: _____

Print Name: _____

Date: _____

Year of Initial Volunteer Application: _____

PARENT/GUARDIAN FORMS

The forms contained herein have been approved by Delta Sigma Theta Sorority, Incorporated, for use by all Chapters. To minimize risk and legal liability, Chapters are prohibited from modifying or altering these forms, except for inserting the name of the Chapter, Youth, Parent/Guardian, or Volunteer.

PARENT/GUARDIAN FORMS CHECKLIST

*Listed below are the required Parent/Guardian forms for youth initiatives. Those listed below as Signature Required must be completed, signed, and returned for the youth to participate in the youth initiative. Forms listed as Informational Only do not require a signature, but the Parent/Guardian must acknowledge receipt by initialing on the Parent/Guardian Forms Checklist (**Appendix B10**).*

NEW FORM #	PARENT/GUARDIAN FORMS	SIGNATURE REQUIRED OR INFORMATIONAL ONLY
B1	Parental/Guardian Affirmation	Signature Required
B2	Photograph, Media, and Video Authorization Release	Signature Required
B3	Youth Code of Conduct for In-Person Meetings	Signature Required
B4	Youth Pick-up Authorization	Signature Required
B5	Waiver and Permission to Transport Youth	Signature Required
B6a	Parent Waiver and Permission for Youth To Be Transported by Teenage Driver	Signature Required
B6b	Parent Waiver and Permission for Teenage Driver to Transport Youth	Signature Required
B7	Off-site Permission	Signature Required
B8	Medical and Emergency Contact Information	Signature Required
B9	Virtual Meeting/Event Participant Agreement	Signature Required
B9.1	Youth Initiative Virtual Meeting and Publicity Code of Conduct (Schedule 1)	Signature on B9
B9.2	Media & Publication Release (Schedule 2)	Signature on B9
B10	Parent/Guardian Acknowledgement Of Informational Forms	Initials Required
B11	Confidentiality Policy	No signature required
B12	Youth Sign-In/Sign-Out Policy	No signature required
B13	Internet Youth Policy	No signature required

APPENDIX B1

PARENTAL/GUARDIAN AFFIRMATION

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local Chapters, representatives, agents, affiliates, and assigns (collectively “Releases”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child’s participation in the Chapter’s Youth Initiative.

My waiver and release of all claims, demands, actions, and liability shall include, without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act or failure to act, by the Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releases. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

As the Parent/Guardian, I hereby give my permission for my child to participate in the Chapter’s youth initiative (including planned activities), and I hereby attest, under penalty of perjury, that I have the legal authority to authorize such participation.

Signature: _____

Relationship to Participant: _____

Date: _____

APPENDIX B2

PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) give permission for the local Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child during participation in Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I hereby certify that I am the Parent/Guardian, and I am authorized legally to give this consent, and do hereby give my consent without reservation to the foregoing on behalf of my child.

Signature: _____

Date: _____

APPENDIX B3

YOUTH CODE OF CONDUCT FOR IN-PERSON MEETINGS

PARTICIPANT NAME: _____

1. Respect all participants (other youth and adult volunteers) by not using foul, hurtful, or obscene language or engaging in physical violence, bullying (including cyber-bullying), or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of others. This means do not damage or deface the building or property within the building where Chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as a homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

Sanctions for Violating Code of Conduct

Bad Language/Abusive Teasing and Related Acts:

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-week suspension from program

➤ **Next occurrence youth is removed from the program.**

Physical Violence and Other Misconduct:

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

➤ **Next occurrence youth is removed from the program.**

Illegal Substances or Dangerous Weapons

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

(Continued on next page)

APPENDIX B3 (cont'd)

YOUTH CODE OF CONDUCT FOR IN-PERSON MEETINGS

PARTICIPANT NAME: _____

(Student Participant)

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

Signature

Date

Print Name

(Parent)

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the Chapter's youth program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Signature

Date

Print Name

APPENDIX B4

YOUTH PICK-UP AUTHORIZATION

I, _____ authorize the persons listed below to pick-up _____ from the youth initiatives program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include parents/guardians names).*

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Chapter to release my child to the persons listed above. I also agree to notify the Chapter in writing of any changes to the above list of authorized persons.

Signature: _____

Date: _____

APPENDIX B5

PARENT WAIVER AND PERMISSION TO TRANSPORT YOUTH

Name of Child: _____

Event/Location: _____

Driver: _____

(Note: If giving permission for driver to transport youth to all activities, please indicate "ALL" for Event/Location)

I, _____ give permission for my child ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a vehicle driven by an adult, and they are to wear their safety belt while traveling.
- 2) They are expected to respect the vehicles they ride in and the person they travel with during the trip.
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors, and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Incorporated and the Chapter from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Signature: _____

Date: _____

APPENDIX B6a

PARENT WAIVER AND PERMISSION FOR YOUTH TO BE TRANSPORTED BY TEENAGE DRIVER

ALL TEENAGE DRIVERS MUST HAVE A NON-PROVISIONAL DRIVER'S LICENSE

Name of Child: _____

Event: _____

Location: _____

Teenage Driver _____

(Note: If giving permission for driver to transport youth to all activities, please indicate "ALL" for Event & Location)

I give permission for my child ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a vehicle driven by a teenage driver, and they are to wear their safety belt while traveling.
- 2) They are expected to respect the vehicles they ride in and the person they travel with during the trip.
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received/provided, I, for myself, my child, my executors, and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Incorporated and the Chapter from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Participant Parent/Guardian Signature:

Teenage Driver Parent/Guardian Signature:

Date: _____

Date: _____

APPENDIX B6b

PARENT WAIVER AND PERMISSION FOR TEENAGE DRIVER TO TRANSPORT YOUTH

ALL TEENAGE DRIVERS MUST HAVE A NON-PROVISIONAL DRIVER'S LICENSE

Name of Child (being transported): _____

Event: _____

Location: _____

Teenage Driver: _____

(Note: If giving permission for the driver to transport youth to all activities, please indicate "ALL" for Event & Location)

I give permission for my child ("child") to transport the individual identified above in a motor vehicle to the event at the specified location. I understand my child is expected to follow all applicable laws regarding driving a motor vehicle and is expected to follow the directions provided by all motor vehicle laws.

I have read, understand, and discussed with my child that:

- 1) They will be driving a vehicle with other youth participants, and they are to wear their safety belt while traveling.
- 2) They are expected to respect the vehicles they ride in and the person they travel with during the trip.
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors, and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Incorporated and the Chapter from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Teenage Driver Parent/Guardian Name:

Teenage Driver Parent/Guardian Signature:

Date: _____

APPENDIX B7

OFF-SITE PERMISSION

I, _____, as parent or legal guardian give permission for _____ to participate in the Chapter's Youth Initiatives Program's (the "Initiatives") activities taking place off site. I understand that transportation to and from these activities will be provided for my Child by the Chapter.

I understand that the field trips are part of the Initiatives and if I choose to not have my Child participate in one or more off-site activities, I must make other care arrangements for my/our child during the times of that field trip activity.

I assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents, or employees.

I do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents, and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child's property arising from my/our child's participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

Signature: _____

Date: _____

APPENDIX B8

MEDICAL AND EMERGENCY CONTACT INFORMATION

Minor Name: _____
Address: _____
Date of Birth: _____
Physician Name, Address, and Phone Number: _____

HEALTH INFORMATION

Below please check any current health conditions that may require attention during the Program day.

Health Condition	YES	NO
Anemia		
Asthma Inhaler required?		
Attention Deficit Hyperactivity Disorder		
Diabetes		
EpiPen Injections required?		
Food Allergies		
– Specify Food Allergies:		
Hearing Loss		
– ASL interpreter required?		
– Hearing Assistant required?		

Health Condition	YES	NO
Headaches or Migraines		
Heart Disease		
Mobility Issues		
– Please specify:		
Seizure Disorder (i.e., epilepsy)		
Sensitivities (i.e., insect bites)		
– Be specific:		
Vision Problems		
– Contact lenses required?		
– Eyeglasses required?		

Are any other conditions or restrictions required? Please specify.

The Parent/Guardian may stay or return to administer any required medications to a youth participant.

EMERGENCY CONTACT

Name of Parent/Guardian #1:		
Address:		
Parent/Guardian Telephone:	(cell)	(home)
Name of Parent/Guardian #2:		
Address:		
Parent/Guardian Telephone:	(cell)	(home)

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name #1:		
Address:		
Telephone:	(cell)	(home)
Name #2:		
Address:		
Telephone:	(cell)	(home)

If the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for all expenses incurred and authorize the medical facility at which treatment is rendered all necessary information to my/our insurance company.

Parent/Guardian Signature #1: _____

Parent/Guardian Signature #2: _____

APPENDIX B9

VIRTUAL MEETING/EVENT PARTICIPANT AGREEMENT

I, _____ ("Parent/Guardian"), as a parent or legal guardian of _____, give permission for Delta Sigma Theta Sorority, Incorporated (the Sorority) and the Chapter of Delta Sigma Theta Sorority, Incorporated (the Chapter), to host and facilitate closed virtual meetings/events using Zoom ("the Virtual Meeting Platform"), that my/our child will attend during participation in the Youth Initiative Program activities, without payment or any consideration and without notifying me in advance and hereby acknowledge, understand, and agree to the terms enumerated below, including the terms set forth on any Schedules attached hereto and incorporated by reference (the "Participant Agreement").

I also understand that the Virtual Meeting Platform may collect information about its users and has its own privacy terms and conditions to which users must adhere. I will be responsible for reviewing the virtual meeting platform's privacy terms and conditions before registering for virtual meetings/events.

I also understand that my/our child will need the following to participate in a virtual meeting platform.

- A computer, mobile, or tablet device with access to the Internet
- A quiet space in which participants can participate in the virtual meeting/event under the supervision of an adult
- Registration for the virtual meeting/event platform and provide some customer data (including but not limited to an email address, first and last name, etc.)

I also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any of its officers and members; and the Sorority and any of its officers; National Executive Board; employees; members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity, should there be a breach of security of the Virtual Meeting Platform and any subsequent injury, malice, or harm that might occur as a result, and waive and release any and all rights with respect to the same.

(Continued on the next page)

APPENDIX B9 (cont'd)

YOUTH INITIATIVE VIRTUAL MEETING/EVENT PARTICIPANT AGREEMENT

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and the Sorority; its officers; National Executive Board, employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Virtual Meeting Platform as a venue for meetings or events. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images and content of the virtual meeting/event unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I hereby certify that I/we are the parents/guardians and are authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

I have fully read and understand the *Code of Conduct* (attached hereto as **Schedule 1**). I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I further acknowledge, understand, and agree that the sanctions for violating the *Code of Conduct* are reasonable and should my child be non-complaint, they will be subject to the prescribed disciplinary action.

I also give permission for the Chapter and the Sorority to highlight my/our child's achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images ("Images") taken of my/our child or provided by my/our child during participation in Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as **Schedule 2**).

(Continued on the next page)

APPENDIX B9 (cont'd)

YOUTH INITIATIVE VIRTUAL MEETING/EVENT PARTICIPANT AGREEMENT

Participant Acknowledgement (Student Participant)

With my Parent/Guardian, I have fully read and understand the Participant Agreement. I acknowledge that should I fail to abide to the *Code of Conduct* that my actions will be subject to disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participant Agreement.

Signature: _____

Print Name: _____

Date: _____

Parent/Guardian Acknowledgment

I have fully read and understand the *Participant Agreement*. I also understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participant Agreement.

Signature: _____

Name: _____

Date: _____

APPENDIX B9.1, Schedule 1

YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY

CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta's Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participant Agreement indicates your complete understanding and agreement to comply with this Code of Conduct.

- Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta's Virtual Youth Initiative Programs. As a youth participant in Delta's Virtual Youth Initiative Programs, you are expected to:
- Refrain from the use of any profane, foul, hurtful, obscene, or vulgar language in any virtual chatroom during virtual meetings and events.
- Refrain from engaging in any violence, cyber-bullying, or other aggressive behaviors that may threaten the welfare of other participants;
- Refrain from any disruptive behavior that may disrupt the virtual meetings and events.
- Be properly groomed and dressed for all virtual youth initiative meetings and events; refrain from wearing articles of clothing that displays profane or obscene language and/or images.
- Always keep your camera on during all virtual youth initiative meetings and events.
- Provide a noise-free environment while participating in all virtual youth initiative meetings and events.
- Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings.
- Refrain from taking, presenting, and posting all inappropriate content, including photographs, screenshots, video recordings, and/or screen recordings of any other youth participants of Delta's youth initiative programs.
- Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.

SANCTIONS FOR VIOLATING CODE OF CONDUCT

1. Bad Language/Abusive Teasing and Related Acts:

- 1st Time: Verbal warning, *parent or guardian notified from this point forward*
- 2nd Time: Loss of privileges
- 3rd Time: 1-week suspension from program
- **Next occurrence youth is removed from the program.**

2. Physical Violence and Other Misconduct:

- 1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*
- **Next occurrence youth is removed from the program.**

3. Illegal Substances or Dangerous Weapons – 1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

APPENDIX B9.2, Schedule 2
MEDIA & PUBLICATION RELEASE

In accordance with the terms of the Participant Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording, and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”). In addition, Delta may use and publicize the name, image, likeness, and any other personal characteristics or other information provided by or related to the Participant that is derived from the filming, recording, and photographing of this event for use in Delta videos, photography, articles, as well as any advertising and promotional materials on mediums that may include on-demand, streaming, or other web services, social media platforms, and print news and information outlets, and any other the case may be (the “Publication”).

As specified within the Agreement therein, participant and participant’s Parent/Guardian (participant and participant’s Parent/Guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby:

- 1) acknowledges that Participant may be photographed, filmed, or otherwise recorded while on the premises of the event,
- 2) grants Delta, its successors, assigns and licensees (“Authorized Persons”) irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in any Publication or for any purpose whatsoever in any and all mediums now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit,
- 3) acknowledges no right to review or approve Materials before they are used by Delta, and that Delta has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from Delta’s editing, alteration, or use of the Materials, or Delta’s presentation of me, should Delta choose create or use the Materials or to exercise any rights given by this Agreement,

(Continued on the next page)

APPENDIX B9.2, Schedule 2 (cont'd)

MEDIA & PUBLICATION RELEASE

- 4) acknowledges that Delta is the exclusive owner of all display, publication, and ownership rights, including copyright, trademarks, and any other intellectual property, from Media and Materials arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal, and reversion rights, and the right to sue to enforce such intellectual property against infringers,
- 5) acknowledges that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto,
- 6) waives all legal and equitable rights against Delta and any authorized persons relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, libel, defamation, invasion of any rights of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), violation of rights of publicity, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world, arising directly or indirectly from Authorized Persons ' exercise of their rights under this Release and whether resulting in whole or in part from the negligence of the Sorority, the Chapter, or any other persons, and
- 7) agree that this Agreement cannot be terminated, rescinded, or modified, in whole or in part.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.

APPENDIX B10

PARENT/GUARDIAN ACKNOWLEDGEMENT OF INFORMATIONAL FORMS

The Parent/Guardian forms listed below are for informational purposes and do not require a signature. By initialing the forms on the chart below, I acknowledge receipt of the form and that I have read and understand the information provided. Please retain Appendix B10 with the forms that are signed and returned.

Youth Participant Name: _____

Parent/Guardian Name: _____

Date: _____

FORM NUMBER	FORM/WAIVER	PARENT/GUARDIAN INITIALS
B11	Confidentiality Policy	
B12	Youth Sign-In/Sign-Out Policy	
B13	Internet Youth Policy	

APPENDIX B11

CONFIDENTIALITY POLICY

It is the policy of the local Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to protect the confidentiality of its youth participants and their families. Except as provided below, the Chapter will only share information about participants and their families with other Delta Chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.

To carry out the mission of its youth program and to better serve needs of the youth participants, the Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name and address of participant AND parents or guardian
- Participant age and school
- Medical conditions / physical limitations
- Any distinguishing marks or characteristics (such as tattoos or birthmarks)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of the Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of the Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the Chapter President or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability: There shall be no liability to the Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

APPENDIX B12

YOUTH SIGN-IN/SIGN-OUT POLICY

It is the policy of the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") that all youth participants, members, other volunteers, and visitors must sign in and out of its Youth Initiative Program ("Program").

The required sign-in/sign-out procedures are as follows:

- The Chapter shall maintain and use a sign-in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
- Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.

One of the following procedures shall be observed during departure and return:

- a. Parents or an authorized representative will sign out youth.
- b. Older youth who have written Parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initialed the attendance sheet.
- c. When Chapters provide transportation to off-site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

Failure to pick up your child at the conclusion of a session or activity will result in contact being made with the local police department and/or child protective services.

If a Parent or Guardian wishes to arrange alternative transportation for their child to attend an off-site activity, the youth may join the group at the event or activity, but the Chapter assumes no responsibility or liability for the youth participant for any non-Chapter-sponsored activity or transportation.

APPENDIX B13

INTERNET YOUTH POLICY

1. Purpose

This policy relates to the use of computers or Internet access through, during, or as part of any Delta Sigma Theta Sorority, Incorporated (“Delta”) Youth Initiative Program (“Program”) or sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet; from making undesirable contacts over the Internet; and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber- bullying. The focus of the policy is on both personal and shared responsibility.

2. Definitions and Illustrative Examples

A. Examples of Prohibited Materials

- Pornographic images or obscene images or text on Internet websites.
- Material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous, or otherwise offensive language on websites or in e-mail messages.
- Racist, exploitative, or illegal material or messages on websites or in e-mail.

B. Examples of Prohibited Contacts

- Responding to e-mail messages or solicitations (through advertisements or web postings) from unknown or unverified parties who seek to establish a youth’s identity and/or to communicate with the youth for any purpose.
- Initiating contact with unknown or unverified parties or parties seeking to contact youth for any purposes.

C. Examples of Prohibited Contacts

- Deliberately searching for and accessing prohibited materials.
- Creating and transmitting e-mail messages that contain unacceptable language or content, such as that listed above in 2A, bullet 2; and
- Creating and publishing Internet materials that contain unacceptable language and content.

D. Examples of Cyber-bullying

Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings which has the effect of:

- Physically, emotionally, or mentally harming an individual.
- Placing an individual in reasonable fear of physical, emotional, or mental harm.
- Placing an individual in reasonable fear of damage to or loss of personal property; or
- Creating an intimidating or hostile environment that substantially interferes with an individual’s educational opportunities.

(Continued on the next page)

APPENDIX B13 (cont'd)

INTERNET USE POLICY

3. Unintentional Exposure of Youth to Prohibited Materials on the Internet

It is Delta's policy that Chapters must undertake every reasonable step to prevent exposure of youth participants to undesirable materials on the Internet. It is recognized that this can happen not only through the youth deliberately searching for such materials, but also unintentionally when a justifiable Internet search yields unexpected results.

To prevent such occurrences the Chapter shall adopt the following practices:

- A. Chapters should use an Internet Provider or software that blocks access by:
 - Filtering sites by a grading process, and
 - Filtering sites by language content and prohibit sites with unacceptable vocabulary.
- B. Chapters must strictly supervise Internet usage:
 - Adults must strictly supervise youth participant's Internet activity, and there should be no searching of the Internet without a supervisor checking periodically during use and reviewing the sites accessed after a youth logs off.
 - Install appropriate language filtering software (e.g., Net Nanny).

4. Intentional Access of Prohibited Materials by Youth

Chapters shall explain clearly and firmly to the youth that they are prohibited from intentionally accessing prohibited material on the Internet. The youth also must be informed that if she/he violates this policy, she/he will be disciplined, and her/his Parents or Guardian will be notified. Chapters must follow through with disciplining the youth and notifying the Parents or Guardians.

5. Deliberate Access to Prohibited Materials by Adults

Adults are prohibited from deliberately accessing prohibited materials. Any adult who violates this policy will be terminated as a volunteer.

6. Receipt and transmission of e-mails by youth

It is recognized that, even with training and supervision, youth may receive or transmit e-mail messages that contain unacceptable (or even prohibited) language or content. It is also recognized that some people may try to use e-mail to identify and contact children for unacceptable reasons.

To avoid these problems, Chapters should adopt the following practices:

- A. Use an Internet e-mail service that guarantees the bona-fide nature of e-mail communicants and that vets youth's e-mail for undesirable content.
- B. Depending on the circumstances and the age or maturity of the youth, allow youth to read e-mail messages only when an adult is present or when the messages have been previewed by an adult.
- C. Take steps to verify the identity of anyone seeking to establish regular e-mail communications with youth.
- D. Allow youth to send e-mail messages only when the contents have been approved by an adult.

(Continued on the next page)

APPENDIX B13 (cont'd)

INTERNET USE POLICY

If staff or volunteers believe that youth have been targeted with e-mail messages by parties with criminal or inappropriate intent, **immediately take the following steps:** retain the messages; record the incident by completing the Risk Management incident Report form; inform the youth's Parents; report the incident to law enforcement or other local or state authorities, and report the incident to the Chapter President and the Regional Director.

7. **Publishing Materials on the Internet**

No materials, whether created by volunteers or youth participants, that contain any prohibited images, language, or content shall be published on the Internet. Infringement of this rule shall result in disciplinary action.

No materials shall be published on the Internet that reveals the identity of any youth.

8. **Use of Delta's Internet by Visitors and Guests**

No visitor or guest shall be allowed to use any Delta computer.

9. **Intellectual Property Rights**

A. **Delta's Intellectual Property.** No individual member owns any of Delta's intellectual property (which includes any Delta logo, word(s), or phrase(s) commonly associated with, and understood to refer to, Delta, and the "look" of any Mark used to distinguish merchandise and service as being associated with or related to Delta. Thus, no member is authorized to use such property for any inappropriate or any commercial purpose (*i.e.*, to make money from using the property or to promote other causes), or to authorize any third party to use Delta's intellectual property for **any** purpose. See Delta's Code of Conduct, Social Media Guidelines, and Primer on the Use of the Intellectual Property of Delta.

B. **Third Parties' Intellectual Property Rights.** All materials on the Internet are copyrighted and/or trademarked unless copyright has been expressly waived. Delta respects the intellectual property rights (copyright, trademarks, service marks, and related rights) of third-party owners Internet materials, and Delta assumes no liability for violations of any intellectual property rights by volunteers or youth participants.

10. **Parental Approval of Publication of Photographs or Other Materials**

Chapters may publish photographs of youth participants on the Internet only if the Parent or Guardian has granted authorization. Depending on the nature and content, other materials may be published so long as the Parent or Guardian has given written consent. Delta must obtain the signed Photograph, Media, and Video Authorization Form from the Parents/Guardians of a youth before publishing any content that includes images of a youth participant (**Appendix B2**).

INTERNAL/MISCELLANEOUS YOUTH INITIATIVE FORMS

The forms contained herein have been approved by Delta Sigma Theta Sorority, Incorporated, for use by all Chapters. To minimize risk and legal liability, Chapters are prohibited from modifying or altering these forms, except for inserting the name of the Chapter, Youth, Parent/Guardian, or Volunteer.

APPENDIX C1

MODEL RISK MANAGEMENT COORDINATOR JOB DESCRIPTION

(content courtesy of the Charlotte Alumnae Chapter of Delta Sigma Theta Sorority, Inc.)

It is the duty of the Risk Management Coordinator (Coordinator) to oversee the Chapter's compliance with the requirements of the Risk Management Manual. The Coordinator along with the Chapter President will ensure that the program is successfully implemented to ensure proper compliance.

Essential Qualifications

- Successfully completed Risk Management DID training
- Successfully completed/passed the Risk Management application and screening process
- Demonstrated knowledge of Delta Sigma Theta's Risk Management Manual and Policies
- Knowledge of the signs and symptoms of child abuse
- Training/Facilitation skills - must conduct Risk Management training for Chapter and Volunteers
- Must be reliable

Desired Qualifications

- Familiar with National PP&D Youth Program Curriculums and knowledge of Chapter Policies and Procedures
- Demonstrated Organizational Skills and effective Communicator
- Working knowledge of Microsoft Office Software (Word, Excel, PowerPoint)

Responsibilities

- Sign and adhere to the youth initiative Code of Ethics
- Coordinate the application, screening and training process at the Chapter level
- Ensure that the Risk Management Committee and youth initiative volunteers have the requisite risk management knowledge and skills to perform the duties specified in their volunteer position description
- Ensure that Youth Program Coordinators conduct youth initiative activities in compliance with Delta's Risk Management policy and guidelines, in addition to Chapter Policies and Procedures
- Ensure privacy/confidentiality of volunteer and youth information is enforced
- Safely maintain all volunteer applications, screening results, Parent/Guardian forms and all risk management documentation in accordance with Delta's Records Retention policy
- Immediately escalate to the Chapter President any issues related to youth activities and ensure that the relationship between the alleged perpetrator and youth (or Parent of youth) is immediately terminated
- Adhere to Risk Management deadlines. Attend PP&D and/or Risk Management workshops/training

Measures of Success/Evaluation of Program

- Success Factors:
 - Youth initiatives comply with Delta's Risk Management Policies and Guidelines and Chapter policies and procedures
 - Management of risk associated with Youth Initiatives by the successful training/screening of all volunteers and careful execution of Risk Management policy and procedures, i.e. youth activities are held in safe environments, volunteers and youth and adequately supervised, escalation procedures for issues that may arise and the reputation of Delta Sigma Theta Sorority, Inc. is protected.
 - Volunteer and Youth Participation Satisfaction; Volunteer and Youth Retention
- Evaluating the success and effectiveness of the chapter's Risk Management Program can be achieved by:
 - Evaluating the degree to which the Chapter met Delta's risk management compliance requirements, including the annual risk management compliance requirement.
 - Evaluating the degree to which program tasks and activities have been met.
 - Determining if the program met the Chapter needs, i.e. more/less training sessions, more/less committee members, etc.
 - Surveying the Risk Management Committee Members, Youth Program Coordinators, and Volunteers.

APPENDIX C2

CHILD ABUSE REPORTING NUMBER



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES



Child Abuse Reporting Number

For the most current information on organizations that have information on Child Abuse Reporting Numbers, please refer to the National Organizations section of Child Welfare Information Gateway at <http://www.childwelfare.gov/organizations/index.cfm>.

To report child abuse or neglect, please contact Child Help USA at 1-800-422-4453 or see the website links to county and local child welfare agency listings.

U.S. Department of Health and Human Services Administration for
Children and Families Administration on Children, Youth and Families
Children's Bureau



Welfare Information Gateway
Children's Bureau/ACYF
Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov

APPENDIX C3

INFOMART BACKGROUND SCREENING INSTRUCTIONS

We understand that there are many volunteers who possess current security clearances and/or have completed and cleared the background screening process for their employer or other organizations where they might serve as a volunteer. However, Delta Sigma Theta Sorority, Incorporated cannot verify the validity of background screening clearances completed for other organizations.

The Sorority has its own background screening clearance criteria that is required for our youth programming. Therefore, volunteer applicants, members and non-members, who wish to volunteer with our youth programs, must successfully complete the online background screening application and be cleared through the Sorority's current background screening vendor, **InfoMart**. All volunteer applicants will be responsible for completing and paying for the online background screening application. Chapters must determine whether volunteer applicants will be reimbursed.

Please follow the steps below to complete the InfoMart criminal background screening process:

1. All volunteer applicants should be directed to the Sorority's national website:
www.deltasigmatheta.org.
2. Volunteer applicants will click on the ABOUT DELTA tab located at the top of the Sorority's homepage and click on LEADERSHIP then REGIONAL LEADERSHIP. At the bottom of the page select "Risk Management" under Background Screenings.
3. On the next screen, volunteer applicants will see the Sorority's background screening message.
4. Volunteer applicants should then click on the Regional Link that applies to the Chapter for which they would like to volunteer.
5. Volunteer applicants will then be directed to the Welcome Page specific to the selected region.
6. Once they have reviewed the instructions, they are to click on SUBMIT.
7. Volunteer applicants are to carefully review the online background screening application and answer the required questions.

(Continued on the next page)

APPENDIX C3 (cont'd)

INFOMART BACKGROUND SCREENING INSTRUCTIONS

8. Volunteer applicants should check the box to receive a copy of their background screening report once their background screening application is processed.
9. Once the online background screening application is complete, the volunteer applicant will be directed to the screen to pay the required fee. The base fee is \$19.50, plus applicable state fee for the Motor Vehicle Administration search. There is also an additional fee for each additional name the applicant submits. The online background screening application can be paid by Debit Card or Credit Card.
10. Once the payment is submitted and the background screening application is processed, the volunteer applicant will receive a copy of their report to the email address that was provided.

Additional Instructions to Facilitate the Background Screening Process

- Please ensure that your volunteer applicant knows the correct name of the Chapter in which they are applying to volunteer. This ensures that once the volunteer applicant has completed their online background screening application, their name and status is reported under the correct Chapter name.
- Be sure to advise your volunteer applicant to check the box requesting a copy of their background screening report.
- **Your Regional Risk Management Coordinator(s) is your first point of contact for any risk management related issues or concerns.**
- For technical assistance with InfoMart's online background screening application, please send an email to: DSTriskmgmt@infomart-usa.com. This email address should only be used for questions that are specific to the InfoMart application.
- For all other questions related to the Sorority's Risk Management policies and procedures, please contact your Regional Risk Management Coordinator(s) or contact the National Program Planning and Development Committee at ppd@deltasigmatheta.org.

APPENDIX C3 (cont'd)

INFOMART BACKGROUND SCREENING INSTRUCTIONS

Chapter Duties

1. Complete the background screening steps found in the Risk Management manual:
 - a. Volunteer Application
 - b. Confidential Candidate File Created
 - c. Volunteer Candidate Assessment Summary Completed
 - d. Candidate Interview Conducted
 - e. References Checked
 - f. Complete Background Screening with the Sorority's contracted vendor
2. Direct volunteer applicants to the Delta Sigma Theta Sorority, Incorporated national website as outlined in the background screening process.
3. The Chapter President or her designee (Chapter Risk Management Coordinator) will notify volunteers that they have been approved or not approved to work with the youth programs by sending a Volunteer Candidate Acceptance Letter or Rejection Letter, as found in the Risk Management manual.
4. Volunteer information and files must be kept strictly confidential among anyone who is processing and/or reporting the background screening results. Information must be stored in a secure location. The file and its contents must not be disclosed to anyone other than the Chapter President and/or her designee, National officers or National staff who are participating in the screening process.

Regional Directors and Regional Risk Management Coordinators Duties:

1. Ensure Chapters have conducted the mandatory Chapter Orientation and Volunteer Training sessions as mandated by the Risk Management Manual.
2. Set processes for account holders to check the status of background screening applications that are placed in "For Review" status.
3. Assign to the Regional Risk Management Coordinator(s) the task of providing the Chapter Risk Management Coordinator/Chapter President with a current listing of the volunteers who have successfully completed the online background screening application. The notification will include status notification of "approved" or "not approved".

(Continued on the next page)

APPENDIX C3 (cont'd)

INFOMART BACKGROUND SCREENING INSTRUCTIONS

4. Volunteer information and files must be kept strictly confidential among anyone who is processing and/or reporting the background screening results. The screening reports and its contents must not be disclosed to anyone other than Regional Director and/or her designee, Chapter President and/or her designee, National officers or National staff who are participating in the screening process.

FOR INTERNATIONAL CHAPTERS ONLY

- Important: All volunteers with International chapters who possess a Social Security Number (SSN), or a Social Insurance Number (SIN) must use InfoMart and follow the steps outlined above.

INTERNATIONAL CHAPTER VOLUNTEERS WITHOUT SSN OR WITHOUT SIN

All volunteers with International chapters who DO NOT possess a Social Security Number (SSN) or a Social Insurance Number (SIN) must undergo a criminal background screening by an in-country vendor selected by the Chapter. Chapters must send proof of the criminal background screening to the Regional Director and Regional Risk Management Coordinator.

The background screening must include the following:

1. Citizen Identification Number search (This is your citizenship number)
2. Criminal History Search (7-year search of Current Jurisdiction of Residence)
3. National Criminal History Search
4. National Sex Offender Search (included as part of the NCHS)
5. Motor Vehicle Report (MVR)

(Continued on the next page)

APPENDIX C3 (cont'd)

INFOMART BACKGROUND SCREENING INSTRUCTIONS

Recommendations for selecting the vendor to conduct the criminal background screening:

- It is recommended that the Chapter utilize the same background screening vendor for all volunteer applicants.
- The Chapter must provide the vendor with the Sorority's "Areas of Concern Related to Screening" as found on pages 15-17 in the Risk Management Manual.
- The vendor should provide a list of all sources checked, and results from each source.
- Have the capability to respond to specific follow-up questions regarding clarification of arrest and conviction information.
- Provide all arrest and conviction information in English.
- If possible, maintain an automated registration process whereby an applicant or other authorized user logs on to a secure website, provides required personal data and completes an online questionnaire to commence the criminal background check process.
- If possible, provide results to the Chapter through a secure website.
- Provide international criminal history check results within a fixed timeframe.
- Provide references and a list of clients.

Chapter Duties

1. Complete the background screening steps found in the Risk Management manual:
 - a. Volunteer Application
 - b. Confidential Candidate File Created
 - c. Volunteer Candidate Assessment Summary Completed
 - d. Candidate Interview Conducted
 - e. References Checked
 - f. Complete Background Screening with the Sorority's contracted vendor
2. Direct volunteer applicants with Social Security Numbers (SSN) or Social Insurance Numbers (SIN) to the Delta Sigma Theta Sorority, Incorporated national website as outlined in the background screening process listed above.

(Continued on the next page)

APPENDIX C3 (cont'd)

INFOMART BACKGROUND SCREENING INSTRUCTIONS

3. Direct volunteers without Social Security Numbers (SSN) or who are without Social Insurance Numbers (SIN) to the International Chapters' designated background screening vendor.
4. The Chapter President or her designee (Chapter Risk Management Coordinator) will notify volunteers that they have been approved or not approved to work with the youth programs by sending a Volunteer Candidate Acceptance Letter or Rejection Letter, as found in the Risk Management manual.
5. The International Chapter President or her designee must provide the Regional Director and Regional Risk Management Coordinator with a complete listing of all approved and not-approved volunteers, as often as the list is updated. This list is for the volunteers without Social Security Numbers (SSN) or Social Insurance Numbers (SIN).
6. Volunteer information and files must be kept strictly confidential among anyone who is processing and/or reporting the background screening results. Information must be stored in a secure location. The file and its contents must not be disclosed to anyone other than the Chapter President and/or her designee, National officers or National staff who are participating in the screening process.

Regional Directors and Regional Risk Management Coordinators Duties

1. Ensure Chapters have conducted the mandatory annual Chapter Orientation and Volunteer Training sessions as mandated by the Risk Management Manual.
2. Ensure International Chapters have selected a reputable background screening company using the criteria as outlined above.
3. Provide the Chapter Risk Management Coordinator/Chapter President with a current listing of the volunteers who have successfully completed the online background screening application through the Sorority's contracted background screening vendor. The notification will include status notification of "approved" or "not approved".
4. Volunteer information and files must be kept strictly confidential among anyone who is processing and/or reporting the background screening results. The screening reports and its contents must not be disclosed to anyone other than Regional Director and/or her designee, Chapter President and/or her designee, National officers or National staff who are participating in the screening process.

APPENDIX C4

YOUTH INITIATIVE CONTINGENCY / EMERGENCY PLAN NOTIFICATION GUIDE

Threats

The actions taken in the initial moments of an emergency are critical. A prompt warning to evacuate, shelter or lockdown can save lives. This emergency plan has been developed to assist Delta Sigma Theta Sorority, Inc. ("Delta") in protecting the health and safety of the participants/volunteers in its care.

Disaster Planning

When youth participants and volunteers are to be moved to alternate sites due to emergency situations, the leading supervisors/chairs are responsible for initiating notifications. These notifications are to be issued to local officials, Chapter President and Parents/Guardians. This plan will ensure that location changes are confirmed and that all youth participants and volunteers are provide care in a safe and appropriate environment. Delta may be subject to the following natural disasters and/or emergencies:

- Tornadoes
- Flash Flooding
- Earthquakes
- Terrorism/Bioterrorism
- Intruder/Active Shooter
- Outage of power, water, or heat
- Gas leaks
- Bomb Threats
- Fires
- Severe Thunderstorms
- Miscellaneous safety concerns that might pose a health or safety threat to youths

(Continued on the next page)

APPENDIX C4 (cont'd)

YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

Evacuation Routes/Exits	<p>Designate approved Risk Management volunteer (DELTA) to oversee getting the sign in/out attendance log. This is extremely important. Every youth participant and volunteer must be accounted for.</p> <ul style="list-style-type: none"> ▪ On what level of the facility/area are youth participant located? ▪ Where are the exits located in the areas and can they be accessed? ▪ Have you shown the volunteers and youth participants where they can exit in case of an emergency? ▪ Are exits checked regularly for access? <p>A weather/fire alert plan, including a diagram indicating evacuation routes will be posted in each room. This plan and evacuation routes should be visible to the youth participants and volunteers. Please check with the facility for routes.</p>
Evacuating Children/Staff	<p>Will youth participants and volunteers be evacuated together or one-by-one? How will you evacuate youth participants if they need to evacuate through the windows?</p> <p>Who will be responsible for supervising all efforts inside and outside the evacuation area, including volunteers?</p>
Notification	<p>Once all the youth participants are safely evacuated: Assign approved RM volunteer to coordinate outside emergency services:</p> <ul style="list-style-type: none"> • Call 911 • Contact Parents/Guardians according to the Parent notification section below • Chapter President
Evacuation / Relocation Sites	<p>Neighborhood (e.g., for fire, gas leak) Address: Contact Phone:</p>
	<p>Out of Neighborhood (e.g. explosion, flooding) Address: Contact Phone:</p>
	<p>Out of Town (e.g., widespread flooding) Address: Contact Phone:</p>

Evacuation

Evacuations are more common than many people realize. Fires, floods, transportation accidents or industrial accidents may lead to the required evacuation. Evacuation time may depend on the situation, some allowing no time to gather even the most necessities, which is why planning is essential.

(Continued on the next page)

APPENDIX C4 (cont'd)

YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

Shelter-in-Place

In some emergency situations, it is best to stay where you are to avoid any uncertainty. An indoor lockdown (also known as shelter in place) is appropriate when conditions require you to seek protection in the facility. An indoor lockdown may occur due to threats of violence, including an active shooter, terrorism, bioterrorism, etc., The safest locations to seek shelter vary by situation, and the length of time to shelter may also vary.

Some steps to take when sheltering in place:

- Bring all children/staff inside
- Close and lock all windows and exterior doors
- If you are told there is danger of explosion, close the window shades, blinds, and curtains
- Get your emergency supply kit (unless you have reason to believe it is contaminated)
- Go to an interior room without windows (or with as few windows as possible) that is above ground level
- In some types of emergencies, you will need to stop outside air from coming in, if instructed by officials.
- Local authorities may not immediately be able to provide information on what is happening and what you should do. Continue listening to your radio, television, or phone for updates, until you are told all is safe or you told to evacuate. Local officials may call for evacuation in specific areas of greatest risk in your community, ***do not leave until authorities tell you it is safe to do so.***
- Contact Parents/Guardians and Chapter President to let them know that the youth participants have been asked to remain in place until further notice and that they are safe.

Parent Reunification

A wide variety of emergency situations might require youth participants and Parent/Guardian reunification, for example, if the facility is evacuated as the result of an incident.

APPENDIX C4 (cont'd)

YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

Notification	Parent/Guardians are provided: <ul style="list-style-type: none">▪ Information on each evacuation site updates▪ Emergency contact information for supervising leader
Release	Youth participants will only be released to contacts listed on the youth authorization release form with proper identification.
Emergency contact information for the Parents or Guardians & the supervising leader	For each youth participant, contact and emergency information is identified using the Parent/Guardian information form. Parent/Guardian Contact Numbers are: <ul style="list-style-type: none">▪ Parent/Guardian contacts will be stored with the emergency kits
Procedures for notifying parents or guardians regarding the location of the child, if evacuated	<ul style="list-style-type: none">▪ How will Parents be contacted? Via phone, email?▪ Who will contact the Parents/Guardians?▪ When will the second, third and fourth-string emergency contacts be contacted?▪ What back up communication methods are in place?▪ How will Parents/Guardians be notified if phone and/or internet services are not available?

Special Consideration

Special considerations will need to be made for emergencies which occur during the transport of youth participants (routine or otherwise) and for youths with special needs and /or health conditions.

Plan Review/Updates

This safety plan will be reviewed and updated, at a minimum, annually. The plan will also be updated as changes occur to ensure the most current information is included. Report all emergency to Chapter President who shall immediately notify the Regional Director.

APPENDIX C5

RISK MANAGEMENT EMERGENCY PROCEDURES CARD

RISK MANAGEMENT

PROCEDURES FOR SERIOUS ACCIDENT OR CRISIS

- Call 911 for emergency assistance.
- Do not disturb the accident scene.
- If trained, provide care to injured.
- Report emergency to Chapter President; who shall immediately notify the Regional Director.
- Do not discuss the incident or make any statements unless requested by the police.
- Do not surrender permission slips or medical records.
- Refer all media inquiries to the Chapter President and Regional Director.

APPENDIX C6
RISK MANAGEMENT INCIDENT REPORT FORM

Chapter: _____

Reporting date: _____ Time: _____

Name of Youth Program: _____

Name of participant and/or volunteer: _____

Age: _____ Gender: _____

Incident date: _____ Time of Incident: _____

Location of Incident: _____

Describe Incident: _____

Name and Position of Reporting Party: _____

Describe nature of injury: _____

Did the incident occur while transporting to/from an activity? _____

Witness(es) to accident/incident: _____

Contact info of Witness(es): _____

Please attach Witness Statement form(s) to Incident Report. (See **Appendix C7**)

What action was taken? _____

Was Parent/Guardian Contacted? ____ YES ____ NO Time of Notification: _____

Name of Parent/Guardian notified: _____

Method of notification: _____

Describe medical treatment/first aid: _____

What Chapter, Regional, and or National Officers were notified?

Chapter: _____ Date/Time notified: _____

Regional: _____ Date/Time notified: _____

National: _____ Date/Time notified: _____

(Continued on the next page)

APPENDIX C6 (cont'd)

RISK MANAGEMENT INCIDENT REPORT FORM

Name of Reporter: _____

Signature of Reporter: _____

Date/Time: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date/Time: _____

Name of Person in Charge: _____

Signature of Person in Charge: _____

Date/Time: _____

Name of Chapter President: _____

Signature of Chapter President: _____

Date/Time: _____

Additional Comments: _____

Individuals Involved (Duplicate if Needed)

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

DOB: _____

Age: _____

Youth Initiative role: _____

Type of injury or property damage: _____

Injured body part: _____

If so, what type: _____

Medial disposition (transported to hospital, etc.): _____

Return the completed forms to your Chapter President

APPENDIX C7
RISK MANAGEMENT WITNESS STATEMENT

OF

[_____]
Full Name of Witness

Name: _____ [Full name of witness]

Address: _____ [Address of witness]

Date: _____

I make the following witness statement:

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20_____.

My name and address are as stated above.

Signature of witness: _____

APPENDIX C8

MEDIA RELEASE FOR VIRTUAL PROGRAMMING

(TO BE DISPLAYED AT THE BEGINNING OF ALL VIRTUAL PROGRAMMING)

In accordance with the terms of the Participant Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”).

As specified in the Participant Agreement, participant and participant’s Parent/Guardian (participant and participant’s Parent/Guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby: (i) acknowledges that Participant may be photographed, filmed or otherwise recorded while on the premises of the event, (ii) grants Delta, its successors, assigns and licensees irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in the Production or for exploitation for any purpose whatsoever in any and all media now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit, (iii) represents, warrants and agrees that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto (“Rights”), and (iv) waives, releases and transfers, as the case may be, any and all such Rights, whether in law or equity, as may be necessary or required to effectuate Delta’s establishment of ownership.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.

APPENDIX C9
COLLEGE TOUR FIELD TRIP REQUEST

_____ Alumnae

Date(s): _____ Overnight _____ Day

Purpose of Activity: _____

Destination City/Cities: _____

Colleges to Visit: _____

Cultural and Other Site-Seeing Activities (if applicable): _____

Residing Hotel and Number of Rooms: _____ Hotel _____ # of rooms

Mode of Transportation: _____ Chartered Service _____ Parent _____ Other

Participants: **Attach a copy of the participant roster.**

Type/ Name of Supervising Adult Leader: _____

Type/Number of Participants:

Type	Number of Females	Number of Males
Sorors		
Youth		
Parents		
Non-DELTA Volunteers		
Others		
Total		

Cost: _____

Proposed Itinerary (list date and details. Attach itinerary): _____

Proof of Insurance (please provide a copy):

Volunteers Trained/Screened in Risk Management:

Signed Permission Slips from Parent/Guardian:

I confirm that all permission slips have been signed, supervising adult leader has an action plan, and all volunteers have been trained and screened, as necessary.

Signature of Chapter President

Date

APPENDIX C10

SAMPLE OF LETTER TO PARENTS/GUARDIANS REGARDING BACKGROUND CHECK SCREENING FOR JABBERWOCK AND SIMILAR FUNDRAISING YOUTH PROGRAMS

Delta Sigma Theta Sorority, Inc. takes the safety and protection of youth participants in its programs seriously. To ensure that the programs are conducted in a safe environment, you/the Parent participant is required to complete our background check screening process as part of the application process. The fees for this process average between \$65 - \$170. These fees are non-refundable. Verification of commencement of the background check application process must be submitted with your application. Please follow the background check screening instructions provided in the application packet. If you have concerns about the background check screening requirement, please contact [INSERT NAME].

- For Chapters Who Would Like to Pay or Supplement the Fees – The language in brackets reflects options, please select the applicable language, and remove the brackets.
- With respect to the above required process and associated fees, [INSERT NAME OF CHAPTER] will [INSERT PAY ALL OF, PAY A PORTION OF, or REIMBURSE] the fees in the amount of \$[INSERT AMOUNT].
- Note: Chapter insert language as to how fees will be remitted to Parents if reimbursement of a portion of the fees or all of the fees. If the Chapter is paying all the fees, then the Chapter must provide the applicant with instructions as to how such payment should occur.

APPENDIX C11

PRINT AND ONLINE PUBLICATIONS PARENTAL NOTICE

Youth Participant Name: _____

Parent/Guardian Name: _____

Date: _____

You are receiving this notice in accordance with the youth program Participant Agreement. Your youth participant's name, image, likeness, or other personal characteristics may be featured on the website and/or in the online or print publication listed below.

Publication #1:

Website and/or Publication Name: _____

Date of Publication: _____

Publication #2:

Website and/or Publication Name: _____

Date of Publication: _____

All references will be made in accordance with the terms specified in the Participant Agreement. To confirm, Chapters/Members are **limited** to the information they may provide and may only provide the youth participant's name accompanied along with one of the pre-approved selections listed below.

Pre-approved selections:

- Aspirations/goals
- Hobbies/community service activities
- Favorite quotes, books, music, etc.
- Best memories/aspects of Youth Initiative Programs
- Fun facts

In instances where youth participants have been awarded a scholarship or monetary prize, Chapters are prohibited from disclosing the value of the monetary award or scholarship to the public or any online or print publication.