

APPENDIX 1

DELTA SIGMA THETA YOUTH INITIATIVES SCREENING PROCEDURES

The following steps must be used to determine if a candidate meets the basic qualifications to become a volunteer with any of the Delta Sigma Theta Youth Initiatives:

1. The candidate must return all completed materials in the application packet, including the Written Application, Information Release, and Personal References. APPENDIX 2.
2. A file should be created for all candidates who return a completed application packet. The file should contain the Volunteer Assessment Summary (Appendix 3) followed by all other application materials and interview notes. As each component of the screening process is completed, the checklist should be updated on the Volunteer Assessment Summary APPENDIX 3.
3. Candidate files and their contents must be kept strictly confidential and must be stored in a secure location. The file and its contents must not be disclosed to anyone other than Chapter or National Officers or Staff.
4. Designated Chapter Members¹ should:
 - a. Make an appointment and conduct an in-person interview with each candidate (interview form included at APPENDIX 4);
 - b. Conduct phone interviews with each candidate's personal references (interview form included at APPENDIX 5); and
 - c. Perform a background check on each candidate, including reviewing the following: (1) criminal history, if indicated, (2) child abuse registry, and (3) sexual offender registry.
5. Based on the information obtained or supplied through implementation of numbers 1 and 4 above, complete the Volunteer Assessment Summary (APPENDIX 3) and determine the appropriateness of the candidate's involvement in the Program.
6. Send out an acceptance or rejection letter to the applicants based on the overall assessment of appropriateness (draft letters included at APPENDICES 6 and 7).
7. If candidate is rejected, that candidate's file should be placed with the files of ineligible volunteers.
8. If the candidate is accepted, that candidate must complete an initial training session, which each Chapter may complete by in person training or by webinar. Evidence of the training must be maintained by each Chapter.

¹ The term "Designated Chapter Members" mean those members with responsibility for administrative tasks associated with implementing the youth initiatives.

APPENDIX 2

DELTA SIGMA THETA YOUTH INITIATIVES VOLUNTEER APPLICATION

I. ELIGIBILITY CHECKLIST

All volunteers must meet minimum eligibility requirements to be considered for participation in the _____ Chapter, Delta Sigma Theta Sorority., Inc's Youth Initiative Program. Please mark the box Yes or No next to each of the following:

- Yes No 1. Are you at least 18 years of age?

- Yes No 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?

- Yes No 3. Do you agree to complete the screening procedure as outlined on the next page in Section II?

- Yes No 4. Have you ever been accused of, arrested for, charged with, or convicted of child abuse or molestation, or of substance abuse or distribution, or have you been involved with or connected to others involved with handling dangerous weapons?

- Yes No 5. Have you been accused, arrested, charged or convicted of any crime involving a youth?

- Yes No 6. Have you been convicted of a misdemeanor, not including driving or traffic offenses?

- Yes No 7. Have you been convicted of a felony?

- Yes No 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?

9. If you answered yes to questions 4, 5, 6, 7 or 8 above, please explain:

II. SCREENING PROCEDURE

It is the policy of Delta Sigma Theta Sorority, Incorporated that each potential volunteer in any of its youth initiatives programs complete a screening procedure. As part of the screening procedure, you will be required to:

1. Complete this written application;
2. Consent to a background investigation, which may include a review of: (a) criminal history, (b) child abuse registry, (c) sexual offender registry, (d) school records and transcripts, and (e) employment history;
3. Provide two personal references; and
4. Complete a personal interview.

III. PERSONAL INFORMATION

Last name: _____

First name: _____

Middle name: _____

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

List any aliases or other names used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

INFORMATION RELEASE

I, _____, understand it may be necessary for the _____ Chapter of Delta Sigma Theta Sorority, Inc. (“Chapter”) to conduct a background check regarding my criminal history and personal references.

I authorize Chapter to obtain any needed information regarding my legal/criminal history and character references from any state (my current state of residence or any previous state in which I have resided) or federal agency and/or personal references, for the purposes of my participating as a volunteer in Delta’s youth initiatives.

If I am chosen as a volunteer and agree to serve for more than one year, I authorize Chapter to conduct on an annual basis any background check it deems necessary.

Signature: _____

Dated: _____, 20__

PROVIDE THE FOLLOWING INFORMATION

Full Name: _____

Date of Birth ____/____/____

Current Driver’s License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City: _____

State: _____

From (mm/yy): _____

To (mm/yy): _____

City: _____

State: _____

From (mm/yy): _____

To (mm/yy): _____

City: _____

State: _____

From (mm/yy): _____

To (mm/yy): _____

PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of two 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: _____

Home Phone: _____ Cell Phone _____

Email: _____

Relationship: _____

How long known: _____

Reference 2:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email: _____

Relationship: _____

How long known: _____

APPENDIX 8

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:

- 1. 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.
- 2. 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.
- 3. 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 youths and adults.
- 4. I will provide a safe environment.** I will not harm youths or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect or other harmful activities.
- 5. I will abstain from using alcohol or any illegal substance while working with, or while responsible for youths; neither will I allow youths to use any such substance while under my supervision.**
- 6. I will obey the laws of the locality, state and nation.**
- 7. I will strive to be a positive role model.** By my example, I will help youths learn to respect and cooperate with others. I will teach others to compete honestly and fairly.
- 8. 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.
- 9. 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.

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 report any suspected child abuse

and/or neglect of program participants immediately. All such suspected reports must be made to appropriate state and/or local authorities, and to the Chapter President, the Regional Director, and the National President of Delta. Delta staff and all volunteers must follow their particular state's mandatory reporting of child abuse and neglect procedures. A list of reporting agencies and phone numbers, organized by state, is included herein as Attachment 1. The reporting requirements and reporting numbers likely will change from time to time. It shall be the obligation of the Chapter President or her designee to obtain current reporting information, where information generally is readily available through an Internet search.

Any Delta staff or volunteer accused of child abuse or neglect shall be investigated. Until such investigation has been concluded, contact with program youths will be prohibited.

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 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 of 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 your valid driver's license
- Written Application
- Information Release Form
- Personal References Form

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 the Delta Sigma Theta Sorority, Incorporated's *Code of Ethics* and Mandatory Reporting Policy as printed above.

Please read this carefully before signing:

Signature: _____

Date: _____