

APPENDIX A1

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**I. PLEASE ANSWER THE FOLLOWING QUESTIONS:**

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 background screening procedure as outlined in Section II?  |
| Yes | No | 4. Have you ever been charged with, or convicted of any crime, including any misdemeanor or felony? If so, check "Yes" and provide details 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 ( <i>e.g.</i> , acquittal; conviction; no contest; charges currently pending, etc.); and (e) list the punishment that was issued related to any convictions. |
| Yes | No | 5. Have you ever been investigated by state or federal authorities for child abuse or neglect? If so, provide details 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.  |
| Yes | No | 6. Have you ever been treated (outpatient or inpatient treatment) for any mental illness, psychiatric condition, or drug or alcohol addiction? If so, explain below, and provide applicable dates of treatment or hospitalization.   |
| Yes | No | 7. Have you ever been terminated from a paid or volunteer position? If so, explain below.  |
| 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?   |

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

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**Applicant Name:**

## I. SCREENING PROCEDURE

It is the policy of Delta Sigma Theta Sorority, Incorporated 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:

1. Complete this written application.
2. Consent to background screening, which includes: (a) state and federal criminal background checks, (b) search of state and federal sex offender registries.
3. Provide two personal references and two professional references.
4. Copy of driver's license or state issued identification.
5. Complete a personal interview.
6. 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: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize the \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Inc. (“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; 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 in order to facilitate the Chapter’s completion of such background screening.

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.

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION**

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

Please list any other residential addresses you have had and dates of residency during the past 10 years.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

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

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

**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: \_\_\_\_\_

**Applicant Name:**

**Reference 2:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**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: \_\_\_\_\_

**Applicant Name:**

## 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 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 victim is hesitant to reveal partner;
- Child expresses 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:

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 youth and adults.
4. **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.
5. **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.**
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 youth 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.
10. **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.

**Applicant Name:**

**Applicant Signature:**

**MANDATORY REPORTING POLICY**

**It is the policy of Delta Sigma Theta Sorority, Incorporated (“DST”) 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 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 Appendix C2, Child Abuse Reporting Numbers.

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 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 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 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: \_\_\_\_\_

**Applicant Name:**