

Membership Intake Coordinator Agreement

Must be TYPED – Due within 5 days of the completion of the Informational Session

Organization:	
Semester/ Year:	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Year:
Membership Intake Coordinator Full Name:	

_____ (Initials)	I shall submit copy of the eligibility letter from my (inter) national or regional representative providing the organization with approval for intake.
_____ (Initials)	I certify that I have read in full ALL of University of Kansas membership intake procedures, pertinent university policies, and other relevant information from my (inter) national organization regarding Membership Intake.
_____ (Initials)	I will educate my chapter and the aspirants on all of the regulations of membership intake and will keep the Sorority & Fraternity Life (SFL) informed on all membership intake activities conducted by chapter.
_____ (Initials)	I agree to provide the names of the aspirants to SFL within 5 business days prior the start of the membership intake education process beginning.
_____ (Initials)	I understand that if the Membership Intake forms are not fully completed and signed by all parties by the outlined deadlines, intake of aspirants will NOT be allowed.
_____ (Initials)	I declare that I will thoroughly review all information submitted to SFL, will only allow information that is true to be turned in and hereby give permission to SFL to verify the validity of all information submitted.
_____ (Initials)	I understand that if any of the information submitted to SFL is found to be false or misleading, SFL reserves the right to suspend the membership intake process pending a full investigation of all statements.
_____ (Initials)	I understand that SFL in coordination with the (inter) national organization, reserves the right to deny the membership intake processes if evidence is present that indicates the chapter is unfit for initiating aspirants.
_____ (Initials)	I have read and signed University of Kansas Non-Academic Misconduct and SFL Anti-Hazing Policy and agree to abide by the statements. I will also make sure that all members (including alumni/ae) understand and follow these guidelines. I further understand that SFL reserves the right to suspend the membership intake process if the organization is found or suspected of being in violation of this policy.
_____ (Initials)	I understand that all membership intake activities will coincide with the policies set forth by my (inter) national organization. Any deviation from the policies of my (inter) national organization must be supported in writing by the Chapter Graduate Advisor, the Regional Director and/or my (inter) national headquarters.

Membership Intake Coordinator Name	Signature	Date
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Asst. Membership Intake Coordinator Name	Signature	Date
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KU Non-Academic Misconduct and SFL Anti-Hazing Policy

Due at one-on-one meeting with Sorority & Fraternity Life Staff Advisor

A. Compliance Statement

We certify that all activities sponsored or required by our fraternity/sorority members or aspirants comply with the Kansas statute, University of Kansas Non-Academic Misconduct and SFL Anti-Hazing Policy as well our (inter) national organization's hazing policies.

We have informed the aspiring members of our fraternity/sorority of the contents of University of Kansas Non-Academic Misconduct and SFL Anti-Hazing Policy as defined under the Code of Student Rights and Responsibilities, listed below and on sfl.ku.edu. We acknowledge the following policy statements and will provide/read it to all aspirants at the beginning of each semester of the chapter's membership intake process.

KU Non-Academic Misconduct Statement: Students are expected to show positive regard for each other and for the community. Behavior that violates the core value of respect includes, but is not limited to: Hazing: engaging in hazing of another person for the purpose of initiation or admission into, affiliation with, or continuation of membership in any organization operating under the sanction of the University. Hazing includes, but is not limited to, any action, activity or situation which recklessly, negligently or intentionally endangers the mental or physical health, welfare or safety of a person, creates excessive fatigue, sleep deprivation, mental or physical discomfort, exposes a person to extreme embarrassment or ridicule, involves personal servitude, destroys or removes public or private property, or implicitly or explicitly interferes with the academic requirements or responsibilities of a student. It is presumed that hazing is a forced activity regardless of the apparent willingness of an individual to participate in the activity. Apathy or acquiescence in the presence of hazing is not neutral; both are violations of this rule.

SFL Anti-Hazing Policy Statement: Hazing will not be tolerated in the University of Kansas community. No student or organization has the right to inflict physical or mental harm on a person or to demean, disgrace, or degrade a person. Hazing is prohibited and defined by State of Kansas, in addition to the University of Kansas' Code of Conduct. All forms of hazing by any university student, student organization members (including alumni/ae), or employee, are expressly prohibited and serious penalties, such as separation from the University or loss of recognition by University of Kansas, may be imposed on individuals or groups found in violation of these rules.

We understand that failure to uphold the University's Non-Academic Misconduct and SFL Anti-Hazing Policy may result in organizational and/or individual charges.

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether graduate/alumni status or affiliated at another institution of higher education, to haze our aspirants. Failure to report any such activity of which we become aware of may result in individual charges.

B. Expectations

1. The academic mission of the institution will be upheld and promoted to aspirants.
2. Membership intake activities will not interfere with academic endeavors or class schedules, will not occur between the hours of 12 a.m. and 8 a.m., and will not include the presence or consumption of alcohol.
3. The selection of aspirants will be free of any form of mental and/or physical abuse and hazing.
4. Members will be selected on the criteria set forth by the (inter) national organization.
5. Organizations will not engage in pre or post hazing activities. Hazing is not tolerated in any form—as part of the new member program or as acts of individual members of the chapter.
6. Organizations will be in good standing with their (inter) national organization, their respective collective, Sorority & Fraternity Life, and University of Kansas.
7. Organizations will complete all required paperwork thoroughly, in a timely fashion, and will not willingly omit any information.
8. Aspirants will be thoroughly educated on University of Kansas Hazing Policy by the chapter.
9. Organizations are not to engage in any membership intake activities outside of the parameters outlined by their (inter) national headquarters/organizations.
10. All membership intake activities must be completed one week prior to the University's designated finals week.
11. The position of SFL concerning a chapter's membership intake process is that it will be a positive, educational experience for all involved. Names such as "Hell Week" should not be associated with/used at any point during the membership intake process.
12. **The practice of surprising aspirants with the date/and or time of initiation is not acceptable. All initiation activities and new member presentations must conclude prior to Stop Day (the last Friday before finals of every fall and spring semester).**
13. Aspirants should never be subject to sleep deprivation, servitude and/or moral degradation or humiliation.
14. Aspirants should never be forced to stay or live anywhere against their will.

Our signatures below certify that we have read, understand, and agree to abide by University of Kansas Non-Academic Misconduct Statement and Anti-Hazing Policy. We understand that the Office of Student Conduct & Community Standards, the (inter) national headquarters, and the chapter graduate advisors(s) will be notified of cases of alleged and/or confirmed violations of the Anti-Hazing Policy.

Chapter President Name	Signature	Date
Membership Intake Coordinator Name	Signature	Date
Advisor Supervising Intake Name	Signature	Date

Membership Intake Outstanding Paperwork Due Dates

Must be TYPED

Organization:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	

Action	Due	Actual Deadline Date
<input type="checkbox"/> Submit Informational Meeting Attendance Sheet	5 business days following Informational Meeting(s)	
<input type="checkbox"/> Submit copy of Approval / Eligibility letter from (inter) national or Regional representative	5 business days prior to Membership Intake educational process beginning	
<input type="checkbox"/> Resubmission of the Notice of Membership Intake Form if changes were needed post approval from (inter) national or Regional representative	5 business days prior to Membership Intake educational process beginning	
<input type="checkbox"/> Submit Verification of Aspirants Form	5 business days prior the start of the Membership Intake education process beginning	
<input type="checkbox"/> New Member Presentation Agreement	15 business days prior to the date of the show (must include a copy of confirmation of location)	

Our signatures below certify that we understand and agree to abide by the above deadlines set. We understand that Sorority & Fraternity Life reserves the right to suspend the membership intake process and/or cancel any events associated with membership intake if these deadlines are not adhered to.

Chapter President Name	Signature	Date
Membership Intake Coordinator Name	Signature	Date
Advisor Supervising Intake Name	Signature	Date

**Must be TYPED – Due 5 business days following the Informational Meeting
(attach an additional sheet if more space is needed)**

Organization:			
Semester:	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	
Year:			
Meeting Date/Time:	Date	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Meeting Location:			

[illegible]

I hereby certify that no names were omitted from this attendance sheet and that this Informational Meeting was held in compliance with our (inter) national organization's procedures and guidelines.

Membership Intake Coordinator Name

Signature

Date _____

Advisor Supervising Intake Name

Signature

Date _____

