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**NEW/ASSOCIATE MEMBER EDUCATION PROGRAM**

**Fall 2018**

**Organization**: Click here to enter text.

**New/Associate Member Educator**:

 **Name:** Click here to enter text.

 **Email:** Click here to enter text.

 **Phone:** Click here to enter text.

**New/Associate Member Educator Assistant**: (if applicable)

 **Name:** Click here to enter text.

 **Email:** Click here to enter text.

 **Phone:**  Click here to enter text.

**NEW/ASSOCIATE MEMBER PROGRAM GUIDELINES**

These guidelines were established to ensure that new/associate member education activities enhance the academic progress of each Greek member and assists in his or her interpersonal development while providing the history and information necessary for viable membership in the Fraternity and Sorority Life Community.

* **Note that this document serves as official notice of the expectations and guidelines of the new member education process.** For complete information and expectations, please reference the *Office of Fraternity & Sorority Life Manual of Operations* and the West Virginia’s *Student Conduct Code*.
* **Each Chapter will uphold the tenets of West Virginia University’s Anti-Hazing Contract, and educate all members on this policy at the onset of every new/associate member program.** Every member of the WVU Community is responsible for upholding a zero-tolerance policy of hazing. For questions regarding hazing, please refer to the West Virginia University Student Conduct Code.
* **New/associate member programs may last no longer than 4 weeks**. All new/associate member programs must be completed, and all members be formally initiated into the organization by the date specified each semester.
* **Each Chapter’s new/associate member program, which is attached to this document, must be submitted and approved by the Office at the beginning of each semester**. A copy of this program must be provided to each new/associate member as well as to the chapter advisor of your organization. Any changes to the new/associate member program must be discussed with and approved by the Office at least 72 hours in advance.
* **Each chapter’s advisor must confirm that he or she has reviewed and approved the new member education program each semester**.
* **Each chapter’s new/associate member program must be in accordance with their national organization’s new member education policies**. Those policies or programs may be attached as additional information to support the programs.
* **All new/associate member educators are to meet with the Office of Fraternity & Sorority Life at least once throughout each semester.** Please contact your respective Council’s VP of Membership Education to schedule this meeting. Any questions or concerns regarding any of these policies may be directed to the office, which is located in room 161 of the Mountainlair Student Union.
* **All new/associate member educators are to review the *Office of Fraternity & Sorority Life Manual of Operations.*** It is an expectation that each member of a chapter (including new members) is given a copy of these documents for review and safekeeping.

**By signing below, I confirm that I have reviewed and approved the submitted new member education program and understand the aforementioned guidelines and instructions included within for each part of the New/Associate Member packet.**

Organization: Click here to enter text.

Chapter President Name: Click here to enter text. Chapter Advisor Name: Click here to enter text.

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW/ASSOCIATE MEMBER ACTIVITY FORM**

Please fill out one form for EACH new member activity your chapter will hold – these individual forms MUST reflect the activities outlined in your calendar

**Fall 2018**

|  |  |
| --- | --- |
| **Organization** |  |
| **Name of Event** |  |
| **Type of Event** (ritual, social function, etc.) |  |
| **Date & Time of Event** |  |
| **Length of Event** |  |
| **Exact Location**  |  |
| **Supervisor of Event & Phone Number** |  |
| **Purpose & Values Learned from Event** |  |
| **Activities of Event in Detail** |  |
| **Participants** (i.e new members, brothers, alumni, bigs/littles, etc.) |  |

**Approved by Office of Fraternity & Sorority Life:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anti-Hazing Agreement

CHAPTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a new member of the fraternity and sorority community at West Virginia University, I understand the following responsibilities and expectations:

* To understand and agree to abide, without exception, by the attached definition of hazing in the State of West Virginia and West Virginia University.
* To maintain satisfactory academic standing at West Virginia University will participating in new member education and as a member of the fraternity and sorority community.
* To refrain from all questionable activities that may jeopardize, demean, or damage the image of the fraternity and sorority community.
* To make a constructive and meaningful contribution to the new member education program and the chapter to which I have joined.
* To report any and all activity that would meet the definition of hazing to the Office of Fraternity & Sorority Life at 304-293-8201.
* I understand that I cannot volunteer, agree to participate, or ignore any action by any member of the fraternity or sorority community that is considered as hazing by the State of West Virginia or West Virginia University.

SIGN BELOW INDICATING YOUR UNDERSTANDING AND ACKNOWLEDGEMENT OF THE ABOVE STATEMENTS.

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|  | NAME (PRINT) | SIGN | DATE |
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**STATE OF WEST VIRGINIA**

**WEST VIRGINIA CODE**

CHAPTER 18. EDUCATION.

ARTICLE 16. ANTI-HAZING LAW.

**§18-16-1. Short title.**
This article shall be known and may be cited as the "Anti-hazing Law".

**§18-16-2. Definitions.**

(a) "Hazing" means to cause any action or situation which recklessly or intentionally endangers the mental or physical health or safety of another person or persons or causes another person or persons to destroy or remove public or private property for the purpose of initiation or admission into or affiliation with, or as a condition for continued membership in, any organization operating under the sanction of or recognized as an organization by an institution of higher education. The term includes, but is not limited to, any brutality of a physical nature, such as whipping, beating, branding, forced consumption of any food, liquor, drug or other substance, or any other forced physical activity which could adversely affect the physical health and safety of the individual or individuals, and includes any activity which would subject the individual or individuals to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct which could result in extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual or individuals, or any willful destruction or removal of public or private property: *Provided,* That the implied or expressed consent or willingness of a person or persons to hazing **shall not be a defense** under this section.

(b) "Institution of higher education" or "institution" means any public or private institution as defined in section two, article one, chapter eighteen-b of this code.

**§18-16-3. Hazing prohibited.**

Any person or persons who causes hazing is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than one hundred dollars nor more than one thousand dollars, or confined in a county or regional jail, not more than nine months, or both fined and imprisoned: *Provided,* That if the act would otherwise be deemed a felony as defined in this code, the person committing such act may be found guilty of such felony and be subject to penalties provided for such felony.

**The chapter officers representing the fraternity or sorority named below understand that they have the following obligation and responsibility:**

[ ]  To know, understand, and abide, without exception, by the attached definition of hazing in the State of West Virginia and West Virginia University.

[ ]  To monitor, supervise, and conduct a new member education program that has been approved by my inter/national fraternity or sorority and the Office of Greek Life that is a positive, educationally sound, and supportive growth experience.

[ ]  To report any and all activity that would meet the definition of hazing to the Office of Fraternity & Sorority Life at 304-293-8201 or UPD at 304-293-2677.

PRINT NAME OF NEW MEMBER EDUCATOR PRINT NAME OF PRESIDENT

SIGNATURE OF NEW MEMBER EDUCATOR SIGNATURE OF PRESIDENT

DATE DATE

**NEW/ASSOCIATE MEMBER ACTIVITY CALENDAR**

*Instructions*

The New/Associate Member Activity Calendar serves as a guide to both chapter members, new/associate members, and the Office of Fraternity & Sorority Life. This calendar must be shared with each new member. Please be as detailed as possible.

* **This document must be typed for clarity.**
* **Write in all new/associate member activities.** Each activity where there is a New/Associate Member Activity Form submitted must be accounted for on the calendar.
* **Duplicate reoccurring events on relevant dates.** If there are weekly meetings on Tuesdays of the new member class, please indicate so in an abbreviated fashion each Tuesday. For example: “NM Meeting, 6pm-7pm, Woodburn G-10.”
* **You may include chapter/colony social events.** Though social events are never required for any member of an organization, they are recognized events if registered appropriately. (e.g. Formal, 8pm-11pm, Lakeview Resort)
* **Pay attention to the programs and notifications indicated on the calendar.** New members and the appropriate chapter officers are required to attend Title IX and Alcohol awareness training. Similarly, the chapter is encouraged to participate in Big Greek Day of Service, Homecoming Events, and/or Greek Week—new members should be welcome to join the chapter in this activity, so do not schedule new member activities during this time.
* **All new members must be initiated by the date listed below. There is a 4 week limit on the new member period (not counting major breaks).** Please contact the Office of Fraternity & Sorority Life for additional information.
* **Remember that representatives from the Office of Fraternity & Sorority Life (including Council Officers) may attend any program listed in the New/Associate Member Calendar.** This excludes Ritual or any approved program by the national organization that is considered private to members.
* **If an activity is cancelled, or there is a date, time, or location change, please notify your Council VP of Membership Education, Dr. Matthew Richardson, or Jessica Livia E-mail no less than 24 hours of the originally scheduled event.**

**NEW/ASSOCIATE MEMBER ACTIVITY CALENDAR**

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| **September 2018** |  |  |  |  |  |
| **Su** | **M** | **T** | **W** | **R** | **F** | **Sa** |
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| **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  | **LABOR DAY** |  |  |  |  |  |
| **9** | **10** | **11** | **12** | **13** | **14** | **15** |
| **IFC Recruitment Begins** | **Panhellenic COB Begins** |  | **IFC Bid Lists Due** |  | **IFC Bid Day**  |  |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Panhellenic Bid Day****New Member Education Period Opens** |  |  | **YOM KIPPUR** |  |  |  |
| **23** | **24** | **25** | **26** | **27** | **28** | **29** |
| **New Member Conference 12pm-4pm****Location TBD** | **Hazing Prevention Week Programs (consult office)** | **Hazing Prevention Week Programs (consult office)** | **Hazing Prevention Week Programs (consult office)** | **Hazing Prevention Week Programs (consult office)** | **Family Weekend Begins** |  |
| **30** |  |  |  |  |  |  |

**NEW/ASSOCIATE MEMBER ACTIVITY CALENDAR**

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| **October 2018** |  |  |  |  |  |
| **Su** | **M** | **T** | **W** | **R** | **F** | **Sa** |
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|  |  |  |  |  | **Homecoming Parade** |  |
| **7** | **8** | **9** | **10** | **11** | **12** | **13** |
|  |  |  |  |  | **FALL BREAK** |  |
| **14** | **15** | **16** | **17** | **18** | **19** | **20** |
|  | **New Member Education Period Closes** |  |  |  |  |  |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** |
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| **28** | **29** | **30** | **31** |  |  |  |
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**REGISTRATION FOR INITIATION FORM**

**This form is due 2 weeks prior to date of initiation and delivered in hard copy format to the Office of Fraternity & Sorority Life- 161 Mountainlair Student Union**

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

**Initiation Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of New Members to be initiated:** (add more lines to form if needed)

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| --- | --- | --- | --- |
| **Name (Typed)** | **E-mail Address** | **WVU ID**  | **Signature** |
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**Chapter President:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Member Educator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Advisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_