



DELTA SIGMA THETA SORORITY, INCORPORATED

A Service Sorority Founded in 1913

2021-2022

**APPLICANT'S AGREEMENT AND PARENTS/GUARDIANS
ACKNOWLEDGMENT FORM
(Collegiate Applicants Only)**

The collegiate applicant must complete this form if she agrees to inform her parents/guardians of the membership intake process. Her parents/guardians must acknowledge the agreement. The form must be typed and digitally signed. It is acceptable for only one parent/guardian to sign the form.

ALL PAGES MUST BE SUBMITTED WITH THE MEMBERSHIP APPLICATION PACKET.

Name: _____

Present Address: _____
Street

City/State/Zip Code

Telephone Number

Email Address

Permanent Address: _____
Street

City/State/Zip Code

Applicant's Agreement:

I have read Delta's anti-hazing policy that is posted on its website and that is summarized in the Notice to Applicant/Candidate/Pyramid Regarding Privilege and Responsibilities that I received as a part of my application for membership packet I received from Delta. I understand that, to become a member of Delta, I must abide by Delta's membership intake process, including its anti-hazing policy. I also understand that, to maximize its efforts to eradicate hazing and provide other reporting options, Delta wants to make my parents/guardians aware that I have been accepted to participate in Delta's membership intake process.

To ensure that my parents or guardians have been provided written information about Delta’s membership intake process, including its no-hazing policy, I agree that I will:

- Provide my parents or guardians with the Parents/Guardians Acknowledgment Form (“Form”) that has been included in my membership intake application packet. The Form informs my parents or guardians of my plan to participate in the membership intake process and requires my parents or guardians to sign the form acknowledging the following:
 - his/her awareness of my plan to participate in the membership intake process;
 - his/her receipt of summary of Delta’s anti-hazing policy;
 - his/her awareness that I am not required to participate in **any form of hazing** to become a member of Delta; and that
 - he/she will report to Delta, to my college or university Dean or Greek Life officials, and/or to law enforcement officials any suspicion that I am being hazed, or have been hazed, or have participated in hazing activities.

By signing below, I agree that I have read and understand Delta’s anti-hazing policy and this Applicant’s Agreement Parents/Guardians Acknowledgement Form. I also agree to comply with Delta’s membership intake process, including its anti-hazing policy. I further agree to provide information about my plans to participate in Delta’s membership intake process to my parents or guardians, as reflected herein. I have had an opportunity to ask questions about the contents of this form and agree to its terms and conditions.

Name of Applicant: _____

Signature of Applicant (digital): _____

Date [Month Day Year]: _____

Intended Chapter of Initiation _____

Anti-Hazing Policy:

Delta Sigma Theta Sorority, Incorporated (“Delta”) has a zero-tolerance hazing policy. The policy is embodied in documents disseminated to applicants/prospective members, including the Notice to Applicant/Candidate/Pyramid Regarding Privilege and Responsibilities (“no hazing contract”), which all applicants are required to sign. The policy expressly prohibits all acts and forms of hazing, before, during and after the Membership Intake Process. The prohibition covers **all hazing activities, whether physical, mental, or emotional**, including, **but not limited to**, pre-initiation and/or underground activities (which is anything in addition to or contrary to approved activities); paddling; beating; slapping; blindfolding; pushing; depriving of sleep; pulling on clothes; pulling one’s hair; requiring the consumption of alcohol or drugs; forcing or requiring the consumption of foods that an applicant/prospective member finds disagreeable; yelling; humiliating; harassing; belittling; cursing; any morally degrading, illegal, or indecent action; requiring applicants/prospective members, or newly initiated members to perform housework or homework for members, or to “run errands.”

Any applicant who consents to hazing, who participates in hazing by allowing herself to be hazed, or who is aware of hazing, but fails to report it shall be barred from membership in Delta.

If you suspect that your daughter is being hazed or is participating in hazing, you too should report the suspected hazing to designated Delta officials, the college or university where your daughter is a student, and/or the police department in the area where the suspected hazing is occurring. The designated Delta official is the regional director:

Central Region centralrd@deltasigmatheta.org
Eastern Region easternrd@deltasigmatheta.org
Farwest Region farwestrd@deltasigmatheta.org
Midwest Region midwestrd@deltasigmatheta.org
South Atlantic Region southatlanticrd@deltasigmatheta.org
Southern Region southernrd@deltasigmatheta.org
Southwest Region southwestrd@deltasigmatheta.org

Parents/Guardians Acknowledgment:

I understand that my daughter plans to participate in Delta’s membership intake process. I acknowledge that I have received this copy of Delta’s anti-hazing policy; that I have read it and understand it; that I have discussed it with my daughter; and that I am aware that my daughter is not required to participate in hazing to become a member of Delta. I agree to report to Delta, to the college or university where my daughter is a student, and/or to the police department suspicion that my daughter is being hazed or has been hazed. I also understand and agree that any dispute regarding my daughter’s participation in Delta’s membership intake process that is not resolved informally will be resolved by binding arbitration, which means not in a court of law, with a judge and jury.

By signing below, I agree that I have read and understand this Parents/Guardians Acknowledgment Form. I have had an opportunity to ask questions about the contents of this form. I acknowledge and agree to the terms and conditions of this document.

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Parent’s/Guardian’s Street Address _____

Parent’s/Guardian’s City/State/Zip Code _____

Parent’s/Guardian’s Phone Number _____ Relationship to Applicant _____

Applicant’s Name _____

Signature of Parent/Guardian (digital): _____

Signature of Parent/Guardian (digital): _____

Date [Month Day Year]: _____