

# **YOUTH INITIATIVE VOLUNTEER FORMS**

**The forms contained herein have been approved by Delta Sigma Theta Sorority, Incorporated, for use by all Chapters. To minimize risk and legal liability, Chapters are prohibited from modifying or altering these forms, except for inserting the name of the Chapter, Youth, Parent/Guardian, or Volunteer.**

## APPENDIX A2

### YOUTH INITIATIVE VOLUNTEER APPLICATION

PLEASE RESPOND TO THE QUESTIONS BELOW BY PLACING AN "X" IN THE YES/NO COLUMN

	VOLUNTEER CANDIDATE INTERVIEW QUESTIONS	YES	NO
1	Are you at least 18 years of age?		
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?		
3	Do you agree to complete the background screening procedure, which includes a face-to-face interview, reference checks, and a criminal background check?		
4	Have you ever been charged with, or convicted of any crime, including any misdemeanor or felony? If so, check "Yes" and provide details in section 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 (e.g., acquittal; conviction; no contest; charges currently pending, etc.); (e) list the punishment that was issued related to any convictions		
5	Have you ever been investigated by state or federal authorities for child abuse or neglect? If so, provide details in section 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		
6	Have you ever been treated (outpatient or inpatient treatment) for any mental illness, psychiatric condition, or drug or alcohol addiction? If so, explain in section below, and provide applicable dates of treatment or hospitalization.		
7	Have you ever been terminated from a paid or volunteer position? If so, explain in section below.		
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? If so, explain in section below.		

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

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## APPENDIX A2 (cont'd)

### YOUTH INITIATIVE VOLUNTEER APPLICATION

#### I. SCREENING PROCEDURE

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

- a. Complete this written application.
- b. Consent to background screening, which includes: (1) state and/or federal criminal background checks and (2) search of state and federal sex offender registries.
- c. Provide two personal references and two professional references.
- d. Copy of driver's license or state issued identification.
- e. Complete a personal interview.
- f. 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: \_\_\_\_\_

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

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

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

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

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

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## **APPENDIX A2 (cont'd)**

### **YOUTH INITIATIVE VOLUNTEER APPLICATION**

#### **III. CRIMINAL BACKGROUND CHECK FEE REQUIREMENT**

In order to ensure that our youth initiative programs are conducted in a safe environment, all volunteers and parents or guardians who have direct contact with youth on multiple occasions must complete Delta's FULL volunteer screening process, including an online criminal background check. The background check must be conducted by a vendor selected by Delta and the volunteer/parent or guardian is responsible for payment of the background fee. The criminal background check fees average between \$35 - \$130 and are non-refundable. The chapter will provide the necessary information to access the online vendor selected by Delta.

#### **IV. INFORMATION RELEASE**

I, \_\_\_\_\_ hereby authorize the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "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, the 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 to facilitate the Chapter's completion of such background screening.

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**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

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.

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

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

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

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

**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**V. 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: \_\_\_\_\_

**Reference 2:**

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

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

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

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

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

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

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

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## APPENDIX A2 (cont'd)

### YOUTH INITIATIVE VOLUNTEER APPLICATION

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

## **APPENDIX A7**

### **SOME SIGNS AND SYMPTOMS OF CHILD ABUSE**

*(Distribute to all volunteers with the application for their reference)*

#### **I. What is Child Abuse?**

Although the definition of child abuse is broad, the following is offered as a guide. Child abuse consists of any act of commission or omission that endangers or impairs a child's physical or emotional health and development. Child abuse includes any damage done to a child which cannot be reasonably explained, and which is often represented by an injury or series of injuries appearing to be non-accidental in nature.

#### **II. The Major Forms of Child Abuse Are:**

- Physical abuse, including neglect or lack of adequate supervision
- Emotional abuse or deprivation
- Sexual abuse

#### **III. Who Inflicts the Abuse?**

Child abusers are found among all socio-economic, religious, and ethnic groups and are most often ordinary people who are not strangers to the child or the child's family.

A child abuser is usually a person closely related to the child such as a parent, step-parent, or other caretaker, or someone whom the child trusts, such as a family friend, a minister or religious leader, social worker, coach, or counselor.

#### **IV. How Can I Identify Child Abuse?**

It is important to remember that child abuse is not usually a single act, but a repeated pattern of behavior. This is true of all types of abuse, physical, emotional, and sexual. The following symptoms are offered as general guidelines to help you identify an abused child.

##### **A. Physical Abuse**

**Signs to watch for include:**

- Bruises or welts appearing on the body, especially those which reveal the shape of some object used to produce them, e.g., sticks, belts, buckles, electrical cords, a hairbrush, etc.
- Bruises which are unexplained or located on parts of the body which usually do not get bruised in the bumps and falls that occur in a child's everyday living. It is normal for a child to get bruises on his shins, knees, elbows, or forehead occasionally. It is suspect for a child to be bruised on the eyes, mouth, back, buttocks, genital areas, thighs, or calves



## **APPENDIX A7 (cont'd)**

### **SOME SIGNS AND SYMPTOMS OF CHILD ABUSE**

- Small circular burns appearing on face, arms, hands, buttocks, or soles of feet that may have been inflicted by a cigar or cigarette.
- Burns with a “sock” or “glove-like” appearance on hands or feet and “doughnut” shaped burns on the buttocks. These types of burns are usually caused by either dipping or forcing the child to sit in scalding liquid.
- Burns that leave a pattern outlining the object which was used to make the burn such as an iron, electric burner, heater, or fireplace tool.
- Burns caused by rope friction, usually found on legs, arms, neck or torso as the result of having been tied up.
- Unexplained fractures to nose, face, ribs, legs, or other parts of the body.
- Injuries in various stages of healing which appear in a regular pattern or are grouped together.
- Other types of abrasions or lacerations appearing on the body, which have no apparent reasonable explanation.
- Human bite marks, especially those that are adult sized.

#### **B. Physical Neglect**

##### **Signs to watch for include:**

- Child continually hungry.
- Consistent lack of cleanliness or an intense obsession with cleanliness.
- Clothing not suitable to weather conditions.
- Evidence that the child’s physical and medical needs are not being met.
- Lack of supervision especially in dangerous situations or while participating in activities which extend over long periods of times.
- Behavior that does not appear “normal,” e.g., severe anxiety around other children or adults, anti-social behavior in the form of hostile aggression, or withdrawn behavior accompanied by depression.

#### **C. Emotional Abuse and Deprivation**

The negative effects of emotional abuse can be just as devastating to a child’s development emotionally, intellectually, and behaviorally as are the injuries sustained by physical abuse. Most physical abuse is accompanied by emotional abuse as well. Although this type of abuse is often more difficult to recognize and identify, an adult who is observant and pays close attention to a child will soon develop the ability to recognize troubling signs.

## **APPENDIX A7 (cont'd)**

### **SOME SIGNS AND SYMPTOMS OF CHILD ABUSE**

#### **Signs to watch for include:**

- Behavior which indicates apathy or depression.
- Behavior which is anti-social and hostile in nature.
- Loss of appetite, refusal to eat, and/or overeating as a source of comfort or substitute for being loved.

#### **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 the 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 the victim is hesitant to reveal partner.
- Child expresses the 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:

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **I will obey the laws of the locality, state, and nation.**

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

**APPENDIX A8 (cont'd)**  
**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 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 state's mandatory reporting of child abuse and neglect procedures.

To report child abuse or neglect, contact Child Help USA at 1-800-422-4453. For the most current information on State Child Abuse And Neglect Reporting Numbers and a list of reporting agencies and phone numbers organized by state, refer to the National Organizations section of Child Welfare Information Gateway at <https://www.childwelfare.gov/organizations/>.

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 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 Delta's *Code of Ethics* and *Mandatory Reporting Policy* as printed above.**

Please read this carefully before signing.

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

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

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

## APPENDIX A11

### ANNUAL CONFIRMATION OF YOUTH VOLUNTEER STATUS AND INFORMATION UPDATE

I understand it is the policy of Delta Sigma Theta Sorority, Inc. that volunteers in Delta's youth activities must undergo background screening every three years to remain a volunteer. In the years that a background check is not required, I understand that I must confirm that my personal information has not changed from the prior year. If any information has changed, I understand that I must provide the updated information.

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.

**Updated Information: Any changes to my name, address, phone, email, driver's license, or state issued identification number is listed in the box below. I have also listed in the box below any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer.**

Please initial your confirmation of the following:

\_\_\_\_\_ I have no updated information or any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer from the prior year.

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

**Print Name:** \_\_\_\_\_

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

**Year of Initial Volunteer Application:** \_\_\_\_\_

# **INTERNAL/MISCELLANEOUS YOUTH INITIATIVE FORMS**

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## APPENDIX C2

### CHILD ABUSE REPORTING NUMBER



# Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES



## Child Abuse Reporting Number

For the most current information on organizations that have information on Child Abuse Reporting Numbers, please refer to the National Organizations section of Child Welfare Information Gateway at <http://www.childwelfare.gov/organizations/index.cfm>.

To report child abuse or neglect, please contact Child Help USA at 1-800-422-4453 or see the website links to county and local child welfare agency listings.

U.S. Department of Health and Human Services Administration for  
Children and Families Administration on Children, Youth and Families  
Children's Bureau



Welfare Information Gateway  
Children's Bureau/ACYF  
Maryland Avenue, SW  
Eighth Floor  
Washington, DC 20024  
800.394.3366  
Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)

## APPENDIX C3

### INFOMART BACKGROUND SCREENING INSTRUCTIONS

We understand that there are many volunteers who possess current security clearances and/or have completed and cleared the background screening process for their employer or other organizations where they might serve as a volunteer. However, Delta Sigma Theta Sorority, Incorporated cannot verify the validity of background screening clearances completed for other organizations.

The Sorority has its own background screening clearance criteria that is required for our youth programming. Therefore, volunteer applicants, members and non-members, who wish to volunteer with our youth programs, must successfully complete the online background screening application and be cleared through the Sorority's current background screening vendor, **InfoMart**. All volunteer applicants will be responsible for completing and paying for the online background screening application. Chapters must determine whether volunteer applicants will be reimbursed.

**Please follow the steps below to complete the InfoMart criminal background screening process:**

1. All volunteer applicants should be directed to the Sorority's national website:  
[www.deltasigmatheta.org](http://www.deltasigmatheta.org).
2. Volunteer applicants will click on the ABOUT DELTA tab located at the top of the Sorority's homepage and click on LEADERSHIP then REGIONAL LEADERSHIP. At the bottom of the page select "Risk Management" under Background Screenings.
3. On the next screen, volunteer applicants will see the Sorority's background screening message.
4. Volunteer applicants should then click on the Regional Link that applies to the Chapter for which they would like to volunteer.
5. Volunteer applicants will then be directed to the Welcome Page specific to the selected region.
6. Once they have reviewed the instructions, they are to click on SUBMIT.
7. Volunteer applicants are to carefully review the online background screening application and answer the required questions.

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## APPENDIX C3 (cont'd)

### INFOMART BACKGROUND SCREENING INSTRUCTIONS

8. Volunteer applicants should check the box to receive a copy of their background screening report once their background screening application is processed.
9. Once the online background screening application is complete, the volunteer applicant will be directed to the screen to pay the required fee. The base fee is \$19.50, plus applicable state fee for the Motor Vehicle Administration search. There is also an additional fee for each additional name the applicant submits. The online background screening application can be paid by Debit Card or Credit Card.
10. Once the payment is submitted and the background screening application is processed, the volunteer applicant will receive a copy of their report to the email address that was provided.

#### **Additional Instructions to Facilitate the Background Screening Process**

- Please ensure that your volunteer applicant knows the correct name of the Chapter in which they are applying to volunteer. This ensures that once the volunteer applicant has completed their online background screening application, their name and status is reported under the correct Chapter name.
- Be sure to advise your volunteer applicant to check the box requesting a copy of their background screening report.
- **Your Regional Risk Management Coordinator(s) is your first point of contact for any risk management related issues or concerns.**
- For technical assistance with InfoMart's online background screening application, please send an email to: [DSTriskmgmt@infomart-usa.com](mailto:DSTriskmgmt@infomart-usa.com). This email address should only be used for questions that are specific to the InfoMart application.
- For all other questions related to the Sorority's Risk Management policies and procedures, please contact your Regional Risk Management Coordinator(s) or contact the National Program Planning and Development Committee at [ppd@deltasigmatheta.org](mailto:ppd@deltasigmatheta.org).

## **APPENDIX C4**

### **YOUTH INITIATIVE CONTINGENCY / EMERGENCY PLAN NOTIFICATION GUIDE**

#### **Threats**

The actions taken in the initial moments of an emergency are critical. A prompt warning to evacuate, shelter or lockdown can save lives. This emergency plan has been developed to assist Delta Sigma Theta Sorority, Inc. ("Delta") in protecting the health and safety of the participants/volunteers in its care.

#### **Disaster Planning**

When youth participants and volunteers are to be moved to alternate sites due to emergency situations, the leading supervisors/chairs are responsible for initiating notifications. These notifications are to be issued to local officials, Chapter President and Parents/Guardians. This plan will ensure that location changes are confirmed and that all youth participants and volunteers are provide care in a safe and appropriate environment. Delta may be subject to the following natural disasters and/or emergencies:

- Tornadoes
- Flash Flooding
- Earthquakes
- Terrorism/Bioterrorism
- Intruder/Active Shooter
- Outage of power, water, or heat
- Gas leaks
- Bomb Threats
- Fires
- Severe Thunderstorms
- Miscellaneous safety concerns that might pose a health or safety threat to youths

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## APPENDIX C4 (cont'd)

### YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

<b>Evacuation Routes/Exits</b>	<p><b>Designate approved Risk Management volunteer (DELTA) to oversee getting the sign in/out attendance log. This is extremely important. Every youth participant and volunteer must be accounted for.</b></p> <ul style="list-style-type: none"> <li>▪ On what level of the facility/area are youth participant located?</li> <li>▪ Where are the exits located in the areas and can they be accessed?</li> <li>▪ Have you shown the volunteers and youth participants where they can exit in case of an emergency?</li> <li>▪ Are exits checked regularly for access?</li> </ul> <p>A weather/fire alert plan, including a diagram indicating evacuation routes will be posted in each room. This plan and evacuation routes should be visible to the youth participants and volunteers. Please check with the facility for routes.</p>
<b>Evacuating Children/Staff</b>	<p>Will youth participants and volunteers be evacuated together or one-by-one? How will you evacuate youth participants if they need to evacuate through the windows?</p> <p>Who will be responsible for supervising all efforts inside and outside the evacuation area, including volunteers?</p>
<b>Notification</b>	<p>Once all the youth participants are safely evacuated: Assign approved RM volunteer to coordinate outside emergency services:</p> <ul style="list-style-type: none"> <li>• Call 911</li> <li>• Contact Parents/Guardians according to the Parent notification section below</li> <li>• Chapter President</li> </ul>
<b>Evacuation / Relocation Sites</b>	<p><b>Neighborhood (e.g., for fire, gas leak)</b>  <b>Address:</b>  <b>Contact Phone:</b></p>
	<p><b>Out of Neighborhood (e.g. explosion, flooding)</b>  <b>Address:</b>  <b>Contact Phone:</b></p>
	<p><b>Out of Town (e.g., widespread flooding)</b>  <b>Address:</b>  <b>Contact Phone:</b></p>

## Evacuation

Evacuations are more common than many people realize. Fires, floods, transportation accidents or industrial accidents may lead to the required evacuation. Evacuation time may depend on the situation, some allowing no time to gather even the most necessities, which is why planning is essential.

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## APPENDIX C4 (cont'd)

### YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

#### Shelter-in-Place

In some emergency situations, it is best to stay where you are to avoid any uncertainty. An indoor lockdown (also known as shelter in place) is appropriate when conditions require you to seek protection in the facility. An indoor lockdown may occur due to threats of violence, including an active shooter, terrorism, bioterrorism, etc., The safest locations to seek shelter vary by situation, and the length of time to shelter may also vary.

Some steps to take when sheltering in place:

- Bring all children/staff inside
- Close and lock all windows and exterior doors
- If you are told there is danger of explosion, close the window shades, blinds, and curtains
- Get your emergency supply kit (unless you have reason to believe it is contaminated)
- Go to an interior room without windows (or with as few windows as possible) that is above ground level
- In some types of emergencies, you will need to stop outside air from coming in, if instructed by officials.
- Local authorities may not immediately be able to provide information on what is happening and what you should do. Continue listening to your radio, television, or phone for updates, until you are told all is safe or you told to evacuate. Local officials may call for evacuation in specific areas of greatest risk in your community, ***do not leave until authorities tell you it is safe to do so.***
- Contact Parents/Guardians and Chapter President to let them know that the youth participants have been asked to remain in place until further notice and that they are safe.

#### Parent Reunification

A wide variety of emergency situations might require youth participants and Parent/Guardian reunification, for example, if the facility is evacuated as the result of an incident.

## APPENDIX C4 (cont'd)

### YOUTH INITIATIVE CONTINGENCY/ EMERGENCY PLAN NOTIFICATION GUIDE

<b>Notification</b>	Parent/Guardians are provided: <ul style="list-style-type: none"><li>▪ Information on each evacuation site updates</li><li>▪ Emergency contact information for supervising leader</li></ul>
<b>Release</b>	Youth participants will only be released to contacts listed on the youth authorization release form with proper identification.
<b>Emergency contact information for the Parents or Guardians &amp; the supervising leader</b>	For each youth participant, contact and emergency information is identified using the Parent/Guardian information form.  Parent/Guardian Contact Numbers are: <ul style="list-style-type: none"><li>▪ Parent/Guardian contacts will be stored with the emergency kits</li></ul>
<b>Procedures for notifying parents or guardians regarding the location of the child, if evacuated</b>	<ul style="list-style-type: none"><li>▪ How will Parents be contacted? Via phone, email?</li><li>▪ Who will contact the Parents/Guardians?</li><li>▪ When will the second, third and fourth-string emergency contacts be contacted?</li><li>▪ What back up communication methods are in place?</li><li>▪ How will Parents/Guardians be notified if phone and/or internet services are not available?</li></ul>

#### Special Consideration

Special considerations will need to be made for emergencies which occur during the transport of youth participants (routine or otherwise) and for youths with special needs and /or health conditions.

#### Plan Review/Updates

This safety plan will be reviewed and updated, at a minimum, annually. The plan will also be updated as changes occur to ensure the most current information is included. Report all emergency to Chapter President who shall immediately notify the Regional Director.

## **APPENDIX C5**

### **RISK MANAGEMENT EMERGENCY PROCEDURES CARD**

#### **RISK MANAGEMENT**

##### **PROCEDURES FOR SERIOUS ACCIDENT OR CRISIS**

- Call 911 for emergency assistance.
- Do not disturb the accident scene.
- If trained, provide care to injured.
- Report emergency to Chapter President; who shall immediately notify the Regional Director.
- Do not discuss the incident or make any statements unless requested by the police.
- Do not surrender permission slips or medical records.
- Refer all media inquiries to the Chapter President and Regional Director.