

Pledge/New Member Education Guidance Form
Office of Fraternity & Sorority Life
University of North Florida

This form is due to the Office of Fraternity and Sorority Life at least one (1) week prior to membership invitations or bids are distributed to potential members.

New Member Educator Name: _____

Phone Number: _____ **E-mail:** _____

Please indicate the following dates regarding your chapter's new member process:

- **Start of Process:** _____
- **Length of Process:** _____
- **Date/Time of New Member Meetings/Activities:** _____
- **Expected Initiation Date:** _____

As New Member Educator and Chapter President, I recognize and acknowledge the following (please initial beside each statement):

_____/_____ I have read and reviewed all state and University hazing policies with both new and initiated chapter members.

_____/_____ I understand what hazing is, why it is harmful, and where I can go if I have any questions.

_____/_____ I am primarily responsible for prevention of hazing and creation of a healthy new member experience.

_____/_____ I understand that Florida State Law and the University of North Florida Student Conduct Code both prohibit hazing at any point during the new member process or member experience.

_____/_____ I understand that new members joining my organization may have undisclosed mental, physical, or psychological issues that may surface and cause harm to that individual as a result of hazing.

_____/_____ I have a method in place for new members to report issues with their new member process.

_____/_____ I am aware of all OFSL expectations and deadlines regarding new member education, including but not limited to submitting grade and eligibility forms, registering all new members on ORACAL, etc.

On my honor, I pledge to offer a safe, positive new member process and to protect the mental, physical, and psychological health of all new members.

New Member Educator

Date

Chapter President

Date

Chapter Advisor

Date

OFSL Staff Representative

Date