**Iota Gamma Psi Military Sorority Inc.**

**Membership Application**

Please print or type. The

application must be fully

completed to be

considered. Please

complete each section,

We are an Equal Opportunity

Sorority and committed to

excellence through diversity.

|  |
| --- |
|  |
|  | **Applicant Information**  |  |

Name (First, M, Last) ( Maiden)

|  |  |  |  |
| --- | --- | --- | --- |
| Address City, State, Zip | Date of Birth: | State  | Zip  |
| Phone Number  | Email Address  |  |  |
| Spouse Name:Anniversary:Children names: Ages | **Emergency Point of Contact:** **Name****Number** |  |  |
| Military affiliation: Select all that apply* Active duty Military
* Retired or Veteran
* Department of Defense Civilian
* Current Department of Defense Contractor
* Military Spouse
 | **Current Government Contractors Only****Employer:****Address:****Phone:****Military Installation:****Date of NACI:** |  |  |
| \*Are you now or have you ever been a member of another Military Greek Letter Organization?Yes No If so, organization name?If so, date of non-affiliation:Are you a member of any other service related organizations? If so, name of organizationHave you ever had your membership **involuntarily** revoked or terminated from a service related organization? If so, why?**\*Prior affiliation does not automatically disqualify you from joining Iota Gamma Psi Military Sorority Inc.**  | Are you now or have you ever served time in the military?Yes NoDate(s) of military service **Copy of redacted DD214 is required**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharge type: Do you currently have any disciplinary actions pending against you?Yes NoAre you now or have you ever retired as a Federal Civilian? Yes NoAre you a military spouse of an active duty, retired or veteranService member? Yes No-- spouse service dates **AND** date of marriage: |  If so, what branch and how long did you serve? |  |
| Have you ever been denied membership into a service related organization? If so, why? |  |  |
| Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls,dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?     |  |  |
| Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court?     |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  | **Current Employment**  |  |  |  |
| Position Title | Duties  | Length of employment  |

|  |
| --- |
|  |
|  | **Employment History**  |  |
| **Employer (1)**  | Job Title  | Dates Employed  |
| Address  | City  | State  | Zip  |
|  |
| **Employer (2)**  | Job Title  | Dates Employed  |
| Address | City  | State  | Zip  |
|  |
| **Employer (3)**  | Job Title  | Dates Employed  |
|  |
| Address | City  | State  | Zip  |
|  |
|  |
|  | **Character References**  |  |
| **Reference Name (1)**  | Reference Type:* Personal
* Professional

  | Years known:  |
| Email Address | City | State/Zip  | Phone No.  |
|  |
| **Reference Name (2)**  | Reference Type:* Personal
* Professional

  | Years known: |
| Email Address | City  | State/Zip | Phone No. |
|  |
| **Reference Name (3)**  | Reference Type:* Personal
* Professional

  | Years known: |
| Email Address | City  | State/Zip | Phone No. |
|  |
|  |
|  | **Referred by:** |  |
| **Soror Name (1)**  | Chapter Name  | Years known: |
| Email Address | City  | State/Zip | Phone No. |
|  |
| **Soror Name (2)**  | Chapter Name  | Years known: |
| Address  | City  | State/Zip | Phone No. |
|  |
| **Signature Disclaimer**  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.  |
| Name (Please Print)  | Signature  |
|  |  |
| Date  |
|  |

**Non-Refundable Application Fee**

To ensure timely processing of your application, all applicants must submit your **Non-Refundable** $35 Application Fee via PayPal (igpsi.treasurer@gmail.com) or CASHAPP ($IGPsiWoD) upon receipt of your invoice. You should expect an invoice within 48 hours after application submission. If you do not receive your invoice, please send an email to igpsi.founders@gmail.com.

Note: Please check your SPAM mail to ensure that it is not there.

**\*\*\*ALL FEES PAID TO IOTA GAMMA PSI MILITARY SORORITY, INC ARE NON-REFUNDABLE\*\*\***

**Hazing Policy**

Iota Gamma Psi Military Sorority, Inc., forbids and has “ZERO” tolerance for hazing of any kind. The policy clearly prohibits all acts and forms of hazing, before, during, and after the Membership Intake Process.

Hazing can be subtle, harassing, or violent in nature. It can manifest itself in the form of physical violence, forced physical activities, or psychological and/or emotional harm, which can be violations of law. Although it is impossible to list all possible hazing behaviors because many are context-specific, the list below provides some common examples of hazing behaviors. It is important to note, however, that these categories do not negate nor lessen an allegation of hazing. Regardless of category, hazing is hazing and is not welcome at Iota Gamma Psi Military Sorority, Inc.

Hazing is defined ***any action or activity which:***

* brings about physical, mental, emotional or psychological harm to the potential member or is humiliating in its intent;
* is vulgar, abusive, physically exhausting or dangerous;
* materially disrupts an individual’s academic, professional, and personal endeavors;
* abridges a person’s moral, religious or dietary beliefs;
* compels an individual to break the rules and regulations of her college or university, Iota Gamma Psi Military Sorority, Inc., Incorporated or other entities; or is defined as hazing under applicable laws.

 **Types of Hazing includes but are not limited to the following:**

* [**Subtle Hazing**](http://zphib1920.org/finerwomendonthaze/#9d0032154ad513d82)

This type of hazing is often thought of as harmless or insignificant. The behavior usually involves activities or attitudes that cross the line of mutual respect, appropriate standards, and places the individual on the receiving end of ridicule and/or humiliation practices. This type of hazing will be endured or tolerated because the individual feels it is part of becoming a member of the group or team.

* [**Mental**](http://zphib1920.org/finerwomendonthaze/#9489ae5d9f936e649) **Hazing**

This type of hazing is psychologically abusive and can leave long-lasting emotional scars. Yelling, demeaning name calling, profane remarks, drills, line-ups, threats, silence, isolation, being singled out for demeaning duties not assigned to others, running errands, or carrying out other types of servitude.

* **Physical or Violent Hazing**

This type of hazing behavior is extremely dangerous and can cause serious physical/psychological harm and in some cases death. This type of hazing can trigger a predisposed medical or psychological condition. Since the 1800s, 163 deaths have been attributed to this form of hazing. The behaviors include branding, paddling, punching, placed in dangerous situations or facilities.

* **Cyber-Bullying**

This is a relative new form of hazing that exposes an individual to communications made through e-mails, cell phones, unauthorized posted pictures on websites and/or other social media, internet chat rooms, other telecommunications by seeking to intimidate, control, manipulate, stalk, torment, harass, ridicule, put down, falsely discredit, and/or humiliate the recipient of cyber-bullying. This type of hazing behavior is deliberate, repeated, and hostile. Cyber-Bullying target can also result in psychological/emotional scars that are long-lasting. Please check your state for the laws concerning Cyber-Bullying. In some states, it is a Class 1 or Class 2 misdemeanor depending on the age of the individual being cyber-bullied.

* **“Harassment” Hazing**

“Harassment” hazing confuses, frustrates, and causes undue stress for new members. This behavior has the potential to cause emotional anguish and/or physical discomfort.**(Note: Some types of harassment hazing can also be considered violent hazing.)**Examples may include:

* Yelling or screaming
* Personal servitude or chores
* Lineups for the purpose of interrogating, demeaning, or intimidating
* Wearing of embarrassing or uncomfortable clothing
* Assigning pranks such as stealing, painting objects, or harassing other organizations
* Forced confinement, oftentimes involving very loud music and/or the repetition of a specific song
* Being dropped off somewhere and forced to find the way back

STILL UNSURE IF IT IS HAZING? ASK YOURSELF...

Would I feel uncomfortable participating in this activity?

Would a Founder disapprove of this activity?

Am I being asked to keep these activities a secret?

Am I doing anything illegal?

Does participation in an activity violate my values or those of my organization?

Is it causing emotional distress or stress of any kind to me or others?

It is important that all Chapters, Clusters, and National Lines are made aware of our non-hazing policy. Many states have also set standards regarding hazing. If you are concerned that certain practices may be construed as hazing, err on the side of caution and DO NOT participates in them.

To report hazing anonymously; please email: anonymous@iotagammapsi.com. You are not required to identify yourself at any time.

|  |
| --- |
| **I certify that I have read and understand Iota Gamma Psi Military Sorority Incorporated’s hazing policy.** |
| Name (Please Print)  | Signature  |
|  |  |
| Date  |
|  |

# Medical Questionnaire Form (Voluntary)

Iota Gamma Psi Military Sorority Inc. places great emphasis on the fitness and health of Sorors, and candidates within the Diamond Development Process. We encourage you to please take the time out to fill out this health questionnaire form. The information that you provide will assist your Big Sisters in planning the events during the Diamond Development Process and does not directly affect your Process. If you do not wish to volunteer this information, please check the box at the bottom of this form and return it to your Big Sister.

Note: You do not have to disclose your medical history but if you are currently under a physician’s care you will need to be cleared prior to beginning the Diamond Process.

* I do not wish to volunteer any medical information regarding my health readiness at this time (please skip the below and sign below)

List all high alert medical condition(s) that you would like your big sisters to be aware of during the initiation process:

Have you within the past year or are you currently undergoing the care of a provider of mental health or psychological evaluations?

Do you need any specific aids or adaptations to assist you during community service whether or not you have a disability, including any hearing or visual aids?

Do you have any allergies?

To the best of my knowledge, I affirm that the information I volunteered above is current and accurate and would like my information disposed of in a secure manner once ΙΓΨ activities are complete

If you wish to share additional information to your Big Sisters that was not referenced in the health questionnaire form above please do so at this time:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ACKNOWLEDGE, agree, and represent that I understand the nature of the Diamond Development process and that I am qualified, in good health, and in proper physical condition to participate. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will IMMEDIATELY discontinue further participation in the activity.

 Print Full Name Date Signature

*In accordance with HIPAA, please note your medical information will not be disclosed to parties who are not directly related to the planning and participation in your initiation ceremony or ΙΓΨ related activities.*

# Iota Gamma Psi Military Sorority

# Mutual Non-Disclosure Agreement

This Agreement is made and entered into as of the last date signed below (the “Effective Date”) by and between Iota Gamma Psi Military Sorority Incorporated, a local and state entity ("ΙΓΨ ") and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whose principal mailing address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the “Second Party/Parties/").

WHEREAS ΙΓΨ and the Second Party (the “Parties”) have an interest in participating in discussions wherein either Party might share information with the other that the disclosing Party considers to be proprietary and confidential to itself (“Confidential Information”); and

WHEREAS the Parties agree that Confidential Information of a Party might include, but not be limited to that Party’s: (1) business plans, methods, and practices; (2) personnel, customers, and suppliers; (3) inventions, processes, methods, products, patent applications, and other proprietary rights; or (4) specifications, drawings, sketches, models, samples, tools, computer programs, technical information, or other related information; NOW, THEREFORE, the Parties agree as follows:

1. Either Party may disclose Confidential Information to the other Party in confidence provided that the disclosing Party identifies such information as proprietary and confidential either by marking it, in the case of written materials, or, in the case of information that is disclosed orally or written materials that are not marked, by notifying the other Party of the proprietary and confidential nature of the information, such notification to be done orally, by e- mail or written correspondence, or via other means of communication as might be appropriate.
2. When informed of the proprietary and confidential nature of Confidential Information that has been disclosed by the other Party, the receiving Party (“Recipient”) shall forever refrain from disclosing such Confidential Information to any contractor or other third party without prior, written approval from the disclosing Party and shall protect such Confidential Information from inadvertent disclosure to a third party using the same care and diligence that the Recipient uses to protect its own proprietary and confidential information, but in no case less than reasonable care. The Recipient shall ensure that each of its employees, officers, directors, or agents who has access to Confidential Information disclosed under this Agreement is informed of its proprietary and confidential nature and is required to abide by the terms of this Agreement. The Recipient of Confidential Information disclosed under this Agreement shall promptly notify the disclosing Party of any disclosure of such Confidential Information in violation of this Agreement or of any subpoena or other legal process requiring production or disclosure of said Confidential Information.
3. All Confidential Information disclosed under this Agreement shall be and remain the property of the disclosing Party and nothing contained in this Agreement shall be construed as granting or conferring any rights to such Confidential Information on the other Party. The Recipient shall honor any request from the disclosing Party to promptly return or destroy all copies of Confidential Information disclosed under this Agreement and all notes related to such Confidential Information. The Parties agree that the disclosing Party will suffer irreparable injury if its Confidential Information is made public, released to a third party, or otherwise disclosed in breach of this Agreement and that the disclosing Party shall be entitled to obtain injunctive relief against a threatened breach or continuation of any such breach and, in the event of such breach, an award of actual and exemplary damages from any court of competent jurisdiction.
4. The terms of this Agreement shall not be construed to limit either Party’s right to develop independently or acquire products without use of the other Party’s Confidential Information. The disclosing party acknowledges that the Recipient may currently or in the future be developing information internally, or receiving information from other parties, that is similar to the Confidential Information. Nothing in this Agreement will prohibit the Recipient from developing or having developed for it products, concepts, systems or techniques that are similar to or compete with the products, concepts, systems or techniques contemplated by or embodied in the Confidential Information provided that the Recipient does not violate any of its obligations under this Agreement in connection with such development.
5. Notwithstanding the above, the Parties agree that information shall not be deemed Confidential Information and the Recipient shall have no obligation to hold in confidence such information, where such information:
	1. Is already known to the Recipient, having been disclosed to the Recipient by a third party without such third party having an obligation of confidentiality to the disclosing Party; or
	2. Is or becomes publicly known through no wrongful act of the Recipient, its employees, officers, directors, or agents; or
	3. Is independently developed by the Recipient without reference to any Confidential Information disclosed hereunder; or
	4. Is approved for release (and only to the extent so approved) by the disclosing Party; or
	5. Is disclosed pursuant to the lawful requirement of a court or governmental agency or where required by operation of law.
6. Nothing in this Agreement shall be construed to constitute an agency, partnership, joint venture, or other similar relationship between the Parties. Neither Party will, without prior approval of the other Party, make any public announcement of or otherwise disclose the existence or the terms of this Agreement.
7. This Agreement contains the entire agreement between the Parties and in no way, creates an obligation for either Party to disclose information to the other Party or to enter into any other agreement. This Agreement shall remain in effect for a period of two (2) years from the Effective Date unless otherwise terminated by either Party giving notice to the other of its desire to terminate this Agreement. The requirement to protect Confidential Information disclosed under this Agreement shall survive termination of this Agreement.
8. I understand by signing this I can be held liable and fined, sued, suspended or removed if said agreement is broken.

##  Iota Gamma Psi Military Sorority, Inc Candidate

 Signature Signature Date

 Printed Name

**Social Media Compliance Form**

**As a** **Diamond Development Candidate:**

* If you are friends with a Soror on any social media platform (i.e., Facebook, Twitter, Instagram, Snap Chat, etc.), you are to delete or block them until your Diamond Development Process is over.
* You are not to add Sorors as friends on any social media platforms, as it is strictly prohibited.

You are not to discuss the Diamond Development Process on any social media platform.

* You are not to discuss any proprietary information on any social media platform.
* You are not allowed to request access to any social media group that is affiliated with Iota Gamma Psi Military Sorority, Inc.
* Under no circumstances will you post flashcards on the Internet. This is a violation of the Non-Disclosure Agreement.

## Proprietary Information

Proprietary Information, also known as a trade secret, is ANY information the Sorority wishes to keep confidential.

**Examples of Proprietary Information are:**

* Dues/Fee Amounts
* Information regarding the Diamond Development Process
* Information regarding the Application/Membership process
* Details about the Initiation Ceremony
* Details from conference calls or meetings

Candidates/Kimberlites are not allowed to disclose Proprietary Information to include information that is financial, operational and legal in nature. This also includes any Personal Identifying Information (PII); to include any Candidate’s/Kimberlites/Soror’s personal phone numbers or addresses.

## Non-Disclosure Agreement

* When you applied to become a Soror of Iota Gamma Military Sorority Incorporated, you signed a Non- Disclosure Agreement.
* In that agreement, you agreed to adhere to our Privacy (Nondisclosure) Policy, and agreed to not disclose, during the term of your candidacy, affiliation or membership and any time thereafter, any confidential information belonging to Iota Gamma Psi Military Sorority, Inc.
* This includes but is not limited to any and all confidential information regarding members, candidates, affiliates, applicants, Diamond Development Process tasks, official initiations ceremonies & all confidential business affairs of Iota Gamma Psi Military Sorority, Inc.
* You further agreed that all correspondence, be it membership applications, account information, files or other materials concerning this sorority shall belong to and remain the exclusive property of Iota Gamma Psi Military Sorority. No part of Iota Gamma Psi Military Sorority, Inc. Diamond Development Process or sorority publications may be reproduced in any form without the expressed permission of Iota Gamma Psi Military Sorority, Inc.
* Redistribution of Sorority publication is prohibited without expressed written permission. If breached you understand that Iota Gamma Psi Military Sorority may seek legal retribution.

## Diamond Development Process Social Media Guideline Agreement

I, Kimberlite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the following:

* Not to have any interaction with any members of Iota Gamma Psi Military Sorority, Incorporated (ΙΓΨ)
* To delete or block any friends on Social Media that are affiliated with ΙΓΨ until my Diamond Development Process is complete. I will not add Sorors as friends on any social media platforms, as it is strictly prohibited.
* I will not discuss the Diamond Development Process on any social media platform.
* I will not discuss any proprietary information on any social media platform.
* I will not be allowed to request access to any social media group that is affiliated with ΙΓΨ
* Under no circumstances will I post flashcards on the Internet. This is a violation of the Non-Disclosure Agreement. I understand that if I complete my Diamond Development Process successfully, I can join any ΙΓΨ social media groups.
* Authorize ΙΓΨ to publish the photographs taken of me, and my name, for use in their printed publications, social media, and website. I acknowledge that since my participation in publications, social media and websites ΙΓΨ is voluntary, I will receive no financial compensation.
* I understand that should I breach this agreement, Iota Gamma Psi Military Sorority, Incorporated may seek legal retribution.

Full Name & Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Candidate Checklist |
|  |
| $35 Nonrefundable Membership application fee |
| Membership application |
| Intake Packet (Non-disclosure/Social Media/Medical) |
| Personal Data Sheet |
| **Redacted** Military Discharge Documentation (ex. DD214, DD256, NGB-22) redacted |
| Other proof of military affiliation (if spouse, civilian, contractor) |
| References (minimum 3) |
| Copy of Photo ID (redact PII) |
| Proof of disaffiliation (if prior member of another Military Greek Letter Sorority) |
| Essay |
| Background Check |
| Reference Check |
| Interview Scheduled |
| Accepted for D2BD Initiation Program |
| Initiation Fees (non-refundable) paid |