

OMEGA PSI PHI FRATERNITY, INC.

PLEASE TYPE

PART I. PERSONAL INFORMATION:

Applicant's Full Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix)

Permanent Home Address _____

City _____ State _____ Zip _____

Residence Telephone _____ School or Office Telephone _____

Present Address (if different from above) _____

City _____ State _____ Zip _____

Date of Birth _____ Marital Status _____ Number of Children _____

Have you ever applied to: A. Omega Psi Phi? Yes No If yes, list dates you Applied
B. Other Fraternity? Yes No

Are you currently employed? _____ If yes, Occupation; (use Codes on last page) _____ Undergraduate students enter 00

Part-Time Full-Time Place of Employment: _____

Father's Full Name _____ Is he living? _____

Father's Occupation (use Code # on last page) _____

Mother's Full Name _____ Is she living? _____

Mother's Occupation (use Code # on last page) _____

Number of Brothers _____ Ages _____ Number of sisters _____ Ages _____

Number of Dependents (Spouse/Children) _____ Ages _____

Number of brothers/sisters in college _____

Name other members of your family who belong to a fraternity or sorority. Specify their relationship to you and list organizations to which they belong.

Table with 3 columns: Name, Relationship, Organization. Includes three horizontal lines for data entry.

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PART II. ACADEMIC INFORMATION

Academic classification: FR SO JR SR Post-Baccalaureate Grad. Student Other
 Specify Other _____

Grade point average in undergraduate college? _____ (on a 4.0 system)

UNDERGRADUATE COLLEGES ATTENDED

(List in chronological order all undergraduate colleges you have attended or are currently attending. Include summer sessions.)

Institution/Location	Dates of Attendance	Major (See codes last page)	Degree and Date Conferred or expected (Month and Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRADUATE/PROFESSIONAL SCHOOLS ATTENDED

(List in chronological order all undergraduate colleges you have attended or are currently attending. Include summer sessions.)

Institution/Location	Dates of Attendance	Major (See codes last page)	Degree and Date Conferred or expected (Month and Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Official transcript(s) bearing the university seal must be sent directly to the District **Representative**. Undergraduates must also have a certification form sent attesting to enrollment as a full-time student.

1. How did you first learn about Omega Psi Phi Fraternity? Be as specific as you can be.

2. Describe jobs or positions of responsibility that you have held. If you have had experience in community service, what contributions have you made? Include dates and leadership positions held.

3. Give names and complete addresses of 3 individuals who have written reference letters for you.

4. Extra-curricular activities: Describe and comment on hobbies, recreational activities and other uses of your time. Name significant positions you held in college.

5. In 200-250 words, state your purpose for applying at this time. Indicate how you perceived the fraternity can assist you in achieving your career goals. In the process, please provide details on your background and motivations. Your response may not exceed and must be typed in the space provided below. (You may adjust the font to an appropriate size.)

6. Write a 500 word essay about a famous Omega Man. Your response may not exceed and must be typed in the space provided below. (You may adjust the font to an appropriate size.)

PART IV A. CERTIFICATION

Name (Print) _____

Address _____

I understand that withholding information requested on this form or knowingly giving false information may make me ineligible for admission to Omega Psi Phi Fraternity, Inc. or subject to dismissal, if determined after I become a member. I certify that the statements I have made on this application are correct and complete to the best of my knowledge, information and belief.

AS A CONDITION OF MY PARTICIPATION TN THE OMEGA PSI PHI FRATERNITY, INC.'S MEMBERSHIP INTAKE, I DO HEREBY ENTER IN THE FOLLOWING STIPULATIONS, COVENANTS AND AGREEMENTS:

I certify that I am aware of the fact that Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities. I understand that hazing includes but is not limited to physical violence such as paddling, slapping, pushing of my body by of any object, device or hand; strenuous exercise, forced inducement or the causing of me to consume any food, liquid or other substance, pouring sprinkling or covering of my body with airy substance; threatening or causing me to be placed in fear of receiving any physical injury such as the activities listed above and generally any act or acts which would tend to cause any person any humiliation, embarrassment or physical harm. I agree that I shall never permit any acts of hazing, whether they be physical or mental, to be used against me before, during or after The Membership Intake Program. I further agree to report any acts of hazing or attempted hazing promptly to the Regional Intake Team in writing with a copy to the District Representative. I understand that no punitive action will be taken against me for rendering said report. Further, I understand that failure to render said report shall serve as sufficient cause for my dismissal from the intake program or from the Fraternity if admitted. Additionally, I have been informed that I am entitled to receive a listing of the fees associated with admission to membership in the Fraternity and a copy of the roster which lists the financial members of the Chapter. I understand that only the members of the Regional members of the Regional Intake Team are permitted to be involved with me and my activities as a prospective for membership.

I understand that the Omega Psi Phi Fraternity, Inc is a non-profit corporation, having Its domicile and principal place of business in Washington, District of Columbia. I hereby stipulate and agree that any and all lawsuits other than claims that I may have arising out of my participation in the Omega Psi Phi Fraternity, Inc. Membership Intake Program shall be governed by the laws of the District of Columbia and that such lawsuits and claims shall be brought, filed sued upon solely within the jurisdiction of the courts of the District of Columbia.

I certify that I have read this document thoroughly and understand same; that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby release the Omega Psi Phi Fraternity, Inc. and do hold same harmless, as well as its insurers, employees, agents, successors and assigns from any and all liabilities for damages incurred by me as a result of my participation in its Membership Intake Program. I further bind my legal representatives, heirs, successors and assigns to the terms and conditions of this agreement.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts shall he severed hencefrom and the remaining agreements and stipulations shall be given full force and effort as if those severed did not exist.

I certify that I am at least eighteen years of age, or that lam the parent or legal guardian of the applicant herein and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind.

Witness my hand and seal this _____ day of _____, 20____, city/state _____

Applicant Name (Print)

Notary Public' Signature

Signature: Applicant/Parent/Legal Guardian

Commission expires (Date)

Seal

**OMEGA PSI PHI FRATERNITY, INC.
ACKNOWLEDGEMENT AND INDEMNIFICATION AGREEMENT**

Name of Applicant or Member (Print) _____

Social Security Number (Applicant) _____

Street Address _____

City/State/Zip Code _____

Chapter Name _____ CHAPTER LOCATION _____

I certify that I am aware of the fact that Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities. I understand that hazing includes, but is not limited to, physical violence such as paddling, slapping, pushing of another's body, by use of any object, device or hand; strenuous exercises; forced inducement or the causing of another to consume any food, liquid or other substance; pouring, sprinkling or covering of another's body with any substance; threatening or causing another to be placed in fear of receiving any physical injury such as the activities listed above and generally, any act or acts which would cause any person any humiliation, embarrassment or physical harm.

I agree that I shall report any acts of hazing or attempted hazing promptly to the Membership Selection Team in writing with a copy to the District Representative, or directly to the District Representatives. I understand that failure to render said report shall serve as sufficient cause for my dismissal from the Fraternity.

I understand that the Omega Psi Phi Fraternity, Inc is a non-profit corporation, incorporated in the District of Columbia, and having its domicile and principal place of business in Decatur, Georgia.

I understand that the only agents of the Fraternity are the Supreme Council and/or the Brand Conclave, who may from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as member or potential member of Omega Psi Phi Fraternity, Inc., I am not an agent of the organization. Further, I understand that I have no authority whatsoever to enter into any agreements, whether oral or written that would obligate Omega Psi Phi Fraternity, Inc. in any way.

I certify that I have read this document thoroughly and understand same; that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby release and indemnify the Omega Psi Phi Fraternity, Inc. against any claim, loss, damage, or expense caused by me for actions which subject the Fraternity's assets to judgments for losses, damages or expenses awarded by a court or agreed upon in settlement negotiations. I further bind my legal representatives, heirs, successors and assigns to the terms and conditions of this agreement.

I certify that I am at least twenty-one (21) years of age or that I am the parent or legal guardian of the undersigned and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind. I further certify that my date of birth is _____

Witness my hand this _____ day of __, 20 __, city/state _____

Signature: Applicant or Member

Signature: Notary Public

Signature: Parent/Legal Guardian if member
Is under 21 years of age

Commission expires (Date)

Parent's Address

Seal

Applicant Signature _____ Date _____

FORM 9A
Attachment 2-2
Revised 03/06

OMEGA PSI PHI FRATERNITY, INC.
FURTHER AUTHORIZATION FOR BACKGROUND CHECK

I understand that in evaluating my application for potential membership and thereafter to evaluate my continued suitability or fitness for membership, OMEGA PSI PHI FRATERNITY, INC. may from time to time procure or have prepared an employment, education, criminal history, motor vehicle, military and/or investigative report about me. I consent to and hereby authorize OMEGA PSI PHI FRATERNITY, INC. to obtain these reports, and by copy of this authorization, I have been notified that the above stated reports may be requested.

I also authorize OMEGA PSI PHI FRATERNITY, INC. to procure records or other information about my background, character, general reputation, driving record, military service, and/or employment performance in connection with my application for membership and from time to time thereafter in connection with my membership. I authorize all persons, schools, employers, companies, corporations, law enforcement agencies and other government agencies to release documents or other information to OMEGA PSI PHI FRATERNITY, INC. and to any company hired by it. This authorization includes matters of opinion relating to character, ability, reputation and past performance.

If I am offered membership prior to the completion of any of the reports, I realize that my continued participation is contingent upon favorable results of such reports. If unfavorable information is developed, I realize my membership participation is subject to termination.

Name _____

DOB _____ SSN: _____

Current Address _____

Driver's License No.: _____ State: _____

Signature _____

If you have a previous address or address within the last five years, please list below:

Previous address or addresses within the last five years:

1.

Street: _____

City, State, Zip: _____

2.

Street: _____

City, State, Zip: _____

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**OMEGA PSI PHI FRATERNITY, INC.
FURTHER AUTHORIZATION FOR BACKGROUND CHECK (CONT'D)**

3.

Street: _____

City, State, Zip: _____

4.

Street: _____

City, State, Zip: _____

5.

Street: _____

City, State, Zip: _____

If you are under the age of 21, your parent/guardian must sign this form.

(Candidate's Signature)

Date:

(Print Witness or Notary's Name)

(Witness or Notary's Signature)

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

AUTHORITY FOR RELEASE OF INFORMATION PART II

Name	Social Security #	FOR OFFICE USE ONLY				
YOUR MILITARY RECORD						
Have you ever received other than an honorable discharge from the military? If yes please provide:					YES	NO
Date of Discharge (Month and Year)				Type of Discharge:		
Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes," list any disciplinary proceeding in the last 15 years and all court-martials.					YES	NO
Date (Month/Year)		Charge or Specification		Place (City and county/country if Outside the U.S.)		
YOUR EMPLOYMENT RECORD						
Has any of the following happened to you in the last 15 years ? If " Yes " begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.					YES	NO
Use the following codes to explain the reason your employment ended: 1 – Fired from Job 3 – Left a job by agreement following allegations of misconduct 5 – Left a job for other reasons under unfavorable 2 – Quit a job after being told you'd be fired 4 – Left a job by mutual agreement following allegations of unsatisfactory performance circumstances						
Date (Month/Year)		Code	Employer's Name & Address		State	Zip Code
YOUR POLICE RECORD						
If you answer " Yes " to a, b, c, d or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16 th birthday						
a. Have you ever been arrested, charged, or convicted of a felony offense?					YES	NO
b. Have you ever been arrested, charged, or convicted of a firearms or explosives charge?					YES	NO
c. Are there currently any charges pending against you for any criminal offense?					YES	NO
d. Have you ever been arrested, charged, or convicted of a felony offense related to alcohol or drugs?					YES	NO
a. Have you ever been arrested, charged, or convicted of any type of offense? Leave out traffic fines of less than \$100.					YES	NO
Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and County/Country if outside the U.S.)	State	Zip	
YOUR INVOLVEMENT WITH ALCOHOL AND DANGEROUS DRUGS INCLUDING MARIJUANA AND COCAINE						
This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.) hallucinogenics (LSD, PCP, or other dangerous or illegal drugs?)					YES	NO
a. Do you now use or within the last 5 years have you used alcoholic beverages habitually to excess?						
b. Do you now use or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics or other dangerous or illegal drugs?						
c. If you answered "Yes" to questions a or b above, provide information below relating to the types of substance(s) used, the periods of frequency of use for dangerous or illegal drugs?						
From (Month/Year)		To (Month/Year)		Type of Substance		
Explanation (in your comments be sure to give the frequency of your use during each period you listed, including the period of most recent use)						

CODE SHEET

COLLEGE MAJOR CODES

00 No Major Undecided	22 Cts'l Engineering	43 History	64. Natural Sciences	83 Pre.nentistO
01 Accounting	23 Classics	44 Health Education	65. Neuroscience	04 Psychobiology
02 Admtn,straos,n Supervision	24 (omntur, eatians	45 I i,mc Econo,nics	Sb. Nursing	85 Psychi,logy
(S Aerepace Engineering	25 Coinputer Science, Data Processing	46 Horinrs Prtpeom	67 Notrtion	66 thultc Health
04 Agneultu'e Agtonoiny	26 Correertons/Cnminal Justice	47 Hospital Administration	56. Occupational Therapy	67 Radiology]
03 Attatone	27 Dentistry	45 Hotel/Motel Manageinoni	69. Oceanography	110 Recreation
06 Art(rcopology	20 nesign	48 iinma~itities	70 lpuoetr	69 Religiollfheology
(17 Architecture	29 Dnaano	50 interdisciplinary Studies	71. Osteopathy	90 Science-General
OS Art	30 Ecooneics/F,nancr	51 Journahsm	72 Pathology	51 Social Work
00 Autononty	3! F.dncatiott Elemotitarv Sc~cc~tdory	52 toss'	73 Percent, el	92 Sociolig
III Biecheiniutri	32 Education . Higher	33 liberal Arts	74 Pliartnaeologo	93 Speech,Ao,hii logy
II Hsilogy	33 Engineering (Not Cic,11	94 library Science	73. Phornacs	94 Statistics
12 i4io,rdcul Ergieci ing	\$4 English	55 Linguistics/l,ttaratre	75, T'liiosophy	95 Theatre Arts
13 Bioosedteal Science	\$5 Envitotoocotal 5tidicn	Sb Marketing	77. Physical Therapy	96 Urban Stadies
14 Biophysics	35 Film	57 Mathematics	75 Physics	97 Veterinary Medmemne
(5 Black Smodtes'Ethnic Siudie,s	37 Food and Nuti tttonflfietmcs	58 Medicoic	79. Physiology	90 Zoology
lt Botany	30 Foeieigt Langaage(sl	50 Medical i'echnokigy	0(1 Pirittice! Sciet,ce	
17 Broadcasting	39 Genetics	6) Meteorology	Oh Pre-Mndicinr	
IS Business Comierce	40 tieogepalmy	51 Microbiology br Bactcrtology		
19 Business Administratioit	41 Geology	62 Military Scitctc		
21) chemistry	42 Guidance Cooncuhuge	53 Motic		
21 kinoma				

OCCUPATIONAL CODES

00 Full Time-Untlcrgraduac 5ttdieitt	21 ('timpater Fersonntch	42 Hnn,emaher/Fionsewite	64 Paintei 'PaperhaagorPlsstorer	00 Sales Persoim. Broker
(I AecnntttlBinkiseepn	22 Cock 'BaLe,	43 Hoosekeepen/Domeutic Wt,ekcr	65 Pharmacist	51 Secretary-St ettographer
02 Adjuster/Appraiser	23 (onnsell,i/l'ersantrel Worker	44 inspector	66 Photographon/Philographie Industry	82 Service Teohiticiat,
03 Administateitr	24 Csstodta,s.50nitation Worker	45 ironworker	67 Physician	63 Scientist (Natural Physical)
04 Agriculture Industry Worker	2\$ tteniuut	46 Jeweler Jewelry Industry	65 PluniberiPipe litre,	64 Scientist (Soetal IPolilicol)
(15 AircraftAtlnelinMtsstic.'	26 Dcsigmncr	47 JudgeMagistrate	69 Podiatrist	83 Ss.etal V'orkci
'Spacecraft Industrs'	27 Dietitian	48 i.abooutto3t Wm,rkor	70 P,irial Service Employee	06 Speech Paih,m,Immgisl and Audiologist
(b l'.lothing Industry	NI Drivrr l l'raek/i9ns.Cahl	49 Laborer	71 Prinriog/l'uhlishing Im,dosrv Pen,o,i,rrl	57 Sarsry,ir
07 Arishitct	28 Eeonontintffnancter	50 Laundry ond Dry Cleaning	72 Psychologist	OS Tailor:'Seanistress
08 ,Attendantikmde/'sssistaot	30 Lngincrc	industry/Personnel	73 Public Relations Personnel	89 Tcacltr' Edocator.
(19 Attorney	SI Electrician	SI i,aw Enforcement 0 (Seer	74 Radmo'Tclevmsioit Niottor, Pictunc industry	Prof'cnstir/insteucttir
II Aototnabtle Sales art) Service	32 F'rtertaoter/Artist,Masiciait	52 Librarian	75 Receptionist	911 'lechnicianTechnologist
II Barber	~13 Fstertniitator	53 Lacksittith	76 Recreatinil/Letsoce Winker	ill 'rhnra tist
12 Ba'ttender	34 Ftrefmgbtter	54 Moclitumet	77 Reprs imton	92 b.ndet writer
13 BricklayeelStonetnason.'Cetucnt	35 Florisi, Florol Worker	55 Manager	76 Rescrvationficket/Passengee.TraVel Agent	93 Urban P loaner
Mason	36 Fimod Service Wt,rhcr	Sb Mathcmsmtician/Stutislicion	75 Retired	94 Upholsteret
14 Busitnnessrnoa Entrcprcmtonr	37 Faneral DirctorMortteioit	57 Mechaic		95 Voterinariais
IS Butcher/Meat Ctltitri Meat	Emhal,ner	38 Meier		96 95 otter Waitress
'ocher	38 Glazier	39 Militoi's' Pzro,,nel		9/ Wrldet 'Sheet Metal Worhee
16 Bayer/Parchantng Agent	39 Goscmnient Employee	611 Minister Clergyitton		98 WriicriAnthnr/RepnnteeJanrnalist
17 Carpenter	40 Health Care Wsirkr	1,1 Nunse		9) Other.Not L,sied Above
IS Ca.shiori'eilcr	41 i ltsrsiiorr	62 Operant,		
19 (.hirirpracitr		1,3 1 jpttmeirist		
20 ('bork/L'laoeal Wo,ker				

Omega Psi Phi Fraternity, Inc.

3951 Snapfinger Parkway

Decatur, Georgia 30035

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OMEGA PSI PHI FRATERNITY, INC.

Member Code of Conduct & Disciplinary Policy

I certify that I have read this document thoroughly and understand same, that I agree and do bind myself to all of the terms and conditions therein.

Name of Applicant or Member _____

Social Security Number _____ DOB _____

Street Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Chapter Name _____ District _____

I certify that I **am** at least twenty-one (21) years of age or that I am the parent or legal guardian of the undersigned and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind and I too have read Omega Psi Phi Fraternity, Inc. Member Code of Conduct & Disciplinary Policy.

Signature Parent/Legal Guardian if member is under 21 years of age.

Omega Psi Phi Fraternity, Inc.
District

RELEASE AND WAIVER

I hereby grant to Omega Psi Phi Fraternity, Inc. an exclusive right to use the described photographs or videotaped likeness of me in whatever manner it deems appropriate, whether for identification or other purposes while I am participating in an intake process of Omega Psi Phi Fraternity, Inc. and at any time subsequent thereto. I acknowledge that the pictures may be duplicated and distributed by Omega Psi Phi Fraternity, Inc. in any and all manner and media throughout the world in perpetuity.

I warrant and represent that I will indemnify and hold Omega Psi Phi Fraternity, Inc., its officers, agents and assigns harmless from and against any and all claims, damages, liabilities, cost and expenses arising out of a breach of the foregoing warranty.

Dated this _____ day of _____, _____

(Attach photos here)

Name: _____

Signature: _____

Driver's Lic. No. _____

Address: _____

This form should be sent to the International Headquarters as a part of the candidate's application with two passport sized pictures attached

OMEGA PSI PHI FRATERNITY, INC.
RECOMMENDATION FOR MEMBERSHIP

TO THE APPLICANT: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you. Provide a stamped self-addressed envelope to that individual. The Chairman of the Regional Membership Intake Team will provide the address to which the recommendation is to be sent when completed.

NAME OF APPLICANT

SOCIAL SECURITY NUMBER

TO THE RECOMMENDER: Please answer the following questions concerning the above named applicant.

How long have you known the applicant? (years/months)

Under what circumstances have you known the applicant?

Give specific examples of occasions where the applicant displayed leadership ability. Provide some detail.

Based on your personal knowledge and involvement with the applicant, provide specific examples of his service to the community/and or University.

Provide any other information that you feel will provide additional insight into the following aspects of the applicant's character: integrity, maturity and responsibility.

(continue on back of page, if necessary)

Recommender's Name (TYPE OR PRINT)

Title/Position

Signature _____

Date _____

Address _____

Tel.# () _____

Control/Membership#: _____ Exp Date: _____

OMEGA PSI PHI FRATERNITY, INC.
RECOMMENDATION FOR MEMBERSHIP

TO THE APPLICANT: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation form you. Provide a stamped self-addressed envelope to that individual. The Chairman of the Regional Membership Intake Team will provide the address to which the recommendation is to be sent when completed.

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SOCIAL SECURITY NUMBER

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(continue on back of page, if necessary)

Recommender's Name (TYPE OR PRINT) Title/Position

Signature _____ Date _____

Address _____

Tel.# () _____

Control/Membership#: _____ Exp Date: _____

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OMEGA PSI PHI FRATERNITY, INC.
RECOMMENDATION FOR MEMBERSHIP

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NAME OF APPLICANT

SOCIAL SECURITY NUMBER

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(continue on back of page, if necessary)

Recommender's Name (TYPE OR PRINT) Title/Position

Signature _____ Date _____

Address _____

Tel.# () _____

Control/Membership#: _____ Exp Date: _____

FORM IA

**OMEGA PSI PHI FRATERNITY, INC.
MEMBERSHIP SELECTION PROCESS
POLYGRAPH WAIVER**

Name of Applicant or Member (Print) _____

Social Security Number _____

Street Address _____

City/State/Zip Code _____

Chapter Name _____ District _____

I, _____ certify that I am at least 21 years of age or that I am the parent or legal guardian of the applicant herein and do execute this document on his behalf. I certify that I enter into this waiver knowingly, freely, and without duress or coercion of any kind.

I certify that I have thoroughly read and understand the Fraternity's policy on Hazing. I am aware of the fact that Omega Psi Phi Fraternity Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities.

I hereby agree, for purposes of investigating acts of harassment/hazing, to submit to a lie detector test administered at the request of the District Representative. I understand that the cost of this examination is to be borne by the Fraternity when so requested.

I further agree that as a condition of my participation in the Omega Psi Phi Fraternity, Inc.'s Membership Selection Process as a member or prospective candidate, I do hereby enter into this waiver and stipulation.

WITNESS my hand and seal this _____ day of _____, 20____

(City/State) _____

Prospective Candidate's or Member's signature

Parent or Legal Guardian if prospective candidate under 21 years old.

MEDICAL EXAMINATION

Notary

Commission Expires (Date)

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FORM 89

OMEGA PSI PHI FRATERNITY, INC
Medical Consent Forms and Releases

Name of Applicant: _____
Last First Middle Initial

Home Address: _____

City: _____ State: _____ Zip Code: _____

Sponsoring Chapter/Address: _____

Responsible Party in Chapter: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: Home () _____ Business () _____

Parent/Guardian (NAME): _____ Phone: H () _____

ADDRESS: _____ B () _____

STATE: _____ ZIP _____

(*Examination must not have been given more than 90 days prior to activity. Date (s) of activity is/are _____)

Emergency Contact if parent/guardian not available:

Name: _____ Address: _____

State: _____
Name: _____
State: _____

Phone H () _____ B () _____
Address: _____
Phone H () _____ B () _____

Family Doctor: Name _____ Phone () _____
ADDRESS: _____ STATE _____ ZIP _____
Medical Insurance Policy Name _____ Policy # _____

To be answered by parent or guardian (Circle one)

DOES YOUR CHILD HAVE OR EVER HAD:

- | | | |
|-----------------------------------------|----|-----|
| 1. Sickle Cell Anemia? | NO | YES |
| 2. Food medication allergy? | NO | YES |
| 3. Epilepsy, seizures, fainting spells? | NO | YES |
| 4. Heat Stroke or heat exhaustion? | NO | YES |
| 5. Diabetes mellitus (sugar)? | NO | YES |
| 6. Hemophilia (bleeding disorder)? | NO | YES |
| 7. Bone or joint problem? | NO | YES |
| 8. Heart Problem? | NO | YES |
| 9. Hearing or vision problems? | NO | YES |
| 10. Eye glasses, contact lenses? | NO | YES |
| 11. Dentures or hearing aid? | NO | YES |
| 12. Losses of function of a body part? | NO | YES |
| 13. Require a special diet? | NO | YES |
| 14. Special psychiatric needs? | NO | YES |
| 15. High blood pressure, hypertension? | NO | YES |

If the answer to any of the above questions is "yes", explain fully below. Give details as in what the event occurred, your child's current status., and any special needs that he now has.

Medications:

1.	NAME	EXACT DOSAGE	SPECIFIC TIME GIVEN
2.			
3.			

Allergies. List:

Tetanus Booster. Date: _____

PARTICIPATION RELEASE (If applicant is under 21 years old)

I hereby give my permission for (child's name) _____ to participate in the Omega Psi Phi Fraternity, Inc. activities and events. I also grant to the Omega Psi Fraternity, Inc. permission to record my child/ward's likeness and or voice for use by television, films, radio or printed media to further the aims of the Omega Psi Phi Fraternity, Inc. in related campaigns, magazines articles, booklets, posters, and in other ways it sees fit. I hereby release Omega Psi Fraternity, Inc., its insurer, agents, heirs, successors and assigns from any and all liabilities and claims in connections herewith.

CONSENT TO TREATMENT/EVIDENCE OF INSURANCE

In the event that my child should for any reason require any minor or surgical treatment and/or medication during the course of his attendance at or participation in the Omega Psi Phi Fraternity, Inc. activities. I authorize such physician or emergency care staff that Omega Psi Phi Fraternity, Inc. may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of any hospital, and further authorized the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission.

I, the undersigned, am a parent or legal guardian of the above specified child. I have read and fully understand the provisions of the above releases and have explained them to said minor. I further declare that all of the statements that I have made herein, are true to the best of my knowledge, information and belief. I hereby agree on behalf of myself and my child to hold harmless and release the Omega Psi Phi Fraternity, Inc., the attending physician(s), hospital, their insurers, agents, heirs, successors and assigns from any and all liabilities and claims arising out of any treatment rendered to my child.

Parent or Legal Guardian Signature _____ DATE: _____

OMEGA PSI PHI FRATERNITY, INC
RELEASE OF LIABILITY FOR REIMBURSEMENT OF PROCESSING
FEE

BY the Releaser(s) _____ referred to as "I",

TO: The Omega Psi Phi Fraternity, Inc., the ___ District of the Omega Psi Phi Fraternity, Inc., and _____ Chapter, "an unincorporated association of the Omega Psi Phi Fraternity, Inc., their officers, members, agents, employees and/or assigns, referred to as "You",

If more than one person signs this Release, "I" shall mean each person who signs this Release.

I. **Release.** I release and give up any and all claims and rights which I may have against you pertaining to my right to recover the portion of sums designated as a "processing fee" which was remitted by me to You. This releases all claims, including those of which I am not aware and those not mentioned in this Release, which pertain to my right to recover said processing fee.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I have attended an "Information Session", which I understand to be a segment of the Membership Selection Program of the Omega Psi Phi Fraternity, Inc., sponsored by and through the _____ District of the Omega Psi Phi Fraternity, Inc., and that I have remitted the sum of **\$1,050.00 (G) or \$845.00 (UG)** as required by my attendance at the Information Session.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that remittance of the aforementioned sum is not a promise, guarantee, or made in consideration of membership into the Omega Psi Phi Fraternity, Inc., the _____ District of the Omega Psi Phi Fraternity, Inc., and br _____ Chapter of the Omega Psi Phi Fraternity, Inc. I fully understand that my admission to membership into the Fraternity shall be governed by the rules promulgated within the Membership Selection Program Handbook.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I shall be entitle to a refund of all other sums remitted by me at the "Information Session" except for the processing fee of **\$105.00 (G) or \$84.50 (UG)**

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that the remittance of \$945.00 (G) or **\$760.50 (UG)**, which is the remainder of the monies submitted by me after the deduction of the processing fee, by "You" is in full accord and satisfaction, and in compromise of all disputed claims and I understand that I ani not entitled to recover any further sums from "You".

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that remittance of the sum of **\$945.00 (G) or \$760.50 (UG)**, shall be made in accordance with the rules set forth by the Membership Selection Handbook of the Omega Psi Phi Fraternity, Inc. or as designated by the Grand Basileus of the Omega Psi Phi Fraternity, Inc., or his designee.

2. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my heirs or the executor of my estate, is also bound, This Release is made for your benefit and all who succeed to our rights and responsibilities, such as your heirs or the executor of your estate,
3. **Governing Law.** This agreement shall be deemed a contract entered into pursuant to the laws of the District of Columbia and shall in all respects be governed, construed, applied and enforced in accordance with the laws of the District of Columbia.

4. **Signatures.** I understand and agree to the terms of this Release.

Witnessed or Attested By:

(Seal)

(Candidate)

**FORM 9A
Attachment IG
Revised 03/06**

**OMEGA PSI PHI FRATERNITY, INC
TRANSCRIPT**

Please attach an official copy of transcript.

ωφελημα Ψυχι Φιλια
Friendship is Essential to the Soul
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