f you have any questions	please contact Student Involvement at uainvolvement@ua.edu	(REV.6-13-2017
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Child I	Protection/H	are kind of our thing azing Policy A	cknowledgement
	<u>SOBMIS</u>	SION INSTRUC	CTIONS
ease note that	your organization WILL NOT	be officially renewed until you ha	ave submitted these two documents via th
	The President of the or	ganization should go to the	website http://thesource.ua.edu
	Depending on the type click the "Renew An Or	of organization process you g" tab or the "Create An Org	u are completing, you will either g" tab.
	Once on that page, you Hazing Policy Acknowle "SUBMIT- Hazing Policy	will see instructions at the edgement or Child Protection Acknowledgement" link fin	bottom of the page for submitting a on Policy online. You will click the rst.
0 0	initiated by the PRESID 1: The President will fill in the 2: The President will also fill in Organization Advisor. At the end of completin Immediately, the presid the President to "Please	ENT of the organization. On ir First & Last Name and UA Email J n the First & Last Name and UA Em g that information, you will ent's screen will be reroute e Review and Act on These	click the button "Begin Signing". d to the DocuSign screen that asks Documents", and then will authoriz
	signature of their name the signature line.	electronically be selecting	the "Sign" arrow button just above
1	ADDITIONAL INFORMATION For more information on hazing prev	vention and reporting, please visit www.ha	azing.ua.edu.
	By signing below, I acknowledge University of Alabama's Hazing E ensure that all members and pled of the University's Hazing Policy (Official Name of Organization (N	e and certify that I have read, fully olicy, as set forth fully herein. My s ges if any, associated with my organiz (http://policies.ua.edu/hazing.html) o Abhmuigtions)	understand, and agree to comply with the signature below represents my agreement to tation will promptly be provided with a copy and will comply with the same.
ī	Rosalind Moore President's Name	President's Signature	Jun-13-2017 Date
	Vice-President's Name	Vice-President's Signature	Date
;			
	Advisor's Name	Advisor's Signature	Date
	Advisor's Name Your Vice President and the powersign form to c Each signer will select t	d Advisor will receive emails complete the same signature the "FINISH" button to comp	s to the address you submitted on e process step via DocuSign. plete their part of the document

Once the "Hazing Acknowledgement Form" is submitted, the President should go back to the "Renew An Org" or "Create An Org" tab to submit the Child Protection Form.

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Determine what type of organization you have. If you have an organization that has a mission or programming that works with minors (children under 19 yrs) on regular basis, then be sure to get your entire Executive Board to the child protection acknowledgement. Each individual will need to initiate their own online form and will each need to go to the website link to complete the signing process. If not, ONLY THE PRESIDENT, will need to complete the child protection form.

Once the officer visits the SOURCE website tab, they will select the link that says "SUBMIT- Child Protection Form (19 yrs of Age or Older) or "SUBMIT- Child Protection Form (Under 19 yrs of Age) depending on the age of the individual completing the form.

<u>1</u>: if the student officer selects the "Under 19" form, note that they will need the First and Last Name of at least one parent/guardian and their email address, as the form will be routed to their parent/guardian for signature verification as well.

Once the officer has clicked the correct age appropriate link, they will be taken to the "UA DocuSign" system and will be asked to fill out the "Powerform Signer Information". Here the officer will type their First and Last Name and their UA Email Address.

At the end of completing that information, they will click the button "Begin Signing". Immediately, the individual's screen will be rerouted to the docusign screen that asks the them to "Please Review and Act on These Documents". The Child Protection policy is 7 pages, so the student will need to review all of the pages and then will see a space to complete the document on the last page.

The officer will then select the "HAVE" or "HAVE NOT" button to indicate if they have plead guilty of any crime or felony, etc. If they have, there will be a section to complete to request more details. If not, they will move to the bottom of the form. They will then authorize signature of their name electronically be selecting the "Sign" arrow button just above the signature line, typing out their DOB, Full Name, CWID and position with the student organization (President, VP, treasurer, etc), and finally the Official Name of the Student Organization.

• Th lif ch as °	hat I HAVE O / O HAVE NOT (Select one that applies) been convicted of or pled guilty during my is to a felony or crime involving a form of assault, battery, abuse, or bodily harm, including, but not limited to, ild abuse or sexual misconduct. This inquiry seeks disclosure of all convictions and guilty pleas for any form of sault, battery, abuse or bodily harm, which includes incidents involving children as well as those that did not. If you HAVE been convicted of or pled guilty during your life to a felony or crime involving a form of assault, battery, abuse, or bodily harm, please provide a detailed explanation of the crime (who, what, where, when, why, etc.) as well as a description of the sentence imposed (if additional space is required for further explanation, please use the back of this form) (Please
	Crime State County Date
	Crime State County Date
Official Stu	Ident Organization Name
Signature	Date Jun-13-2017 Date of Birth
Last Name	First NameMiddle Name
CWID _	Organization Position

Each signer will select the "FINISH" button to complete their part of the document signing. Documents will route to our office for processing upon submission. No other steps are needed by the officers after BOTH the Hazing and Child Protection Documents are submitted.