

2009-2010 Non-Initiate Biographical Data

Alpha Sigma Phi Fraternity

We are proud to have men and women volunteer on behalf of Alpha Sigma Phi Fraternity. Please complete this form and return it to Fraternity Headquarters. It can be mailed to the address below or emailed to officerportal@alphasigmaphi.org.

Your information will be stored in our database and used for fraternity purposes only. If you ever need to update your information, please notify Fraternity Headquarters at officerportal@alphasigmaphi.org.

PERSONAL INFORMATION

Name _____
FIRST MIDDLE LAST

Your Greek Affiliation (Greek Name and Initiation Year) if applicable _____

Status with the Fraternity

- Parent Volunteer Chapter Council Association House Corporation Parents Club
 Family Member Volunteer Chapter Council Association House Corporation
 Faculty Member

Position or Title with Chapter _____

Name of College/University _____

Permanent Email Address _____

Alternate Email Address _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Employer _____

Occupation Title _____

Work Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____

Date of Birth ____/____/____

Undergraduate's Name and Chapter _____

Undergraduate's Email Address _____

Names of Additional Relatives in Alpha Sigma Phi _____

VOLUNTEER AGREEMENT

I am familiar with, understand, and acknowledge that Alpha Sigma Phi Fraternity, Inc. has adopted certain risk management polices, as a member of the FIPG, Inc., Risk Management Association.

I understand that each member and each pledge of Alpha Sigma Phi Fraternity, Inc. including alumni/parent/faculty volunteers, and is obligated to comply with these risk management polices as outlined in the Alpha Sigma Phi Risk Management Polices document, as well as the laws of the land, and the laws, rules, and regulations of the institution where the chapter is located.

I understand and acknowledge that these Policies include alcohol polices, and compliance with state and local laws concerning the use or provision of alcoholic beverages and illegal substances, and I acknowledge that these Policies forbid any form of hazing.

I understand and acknowledge that Alpha Sigma Phi Fraternity, Inc., is a New York non-profit corporation with its offices in Carmel, Indiana.

I understand and acknowledge that Alpha Sigma Phi Fraternity, Inc. does not control, supervise, or operate the chapter located at the college or university, or any other chapter of the Alpha Sigma Phi Fraternity.

I understand and acknowledge that I am not an agent of and that I am not an appointed representative of Alpha Sigma Phi Fraternity, Inc., and that I have no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity, Inc. I also understand and acknowledge that the chapter is a self-governing, financially self-sufficient association of collegiate students.

I understand and acknowledge that a chapter is not an agent of and that chapter is not an appointed representative of Alpha Sigma Phi Fraternity, Inc., and that my chapter has no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity, Inc.

I understand that Alpha Sigma Phi Fraternity, Inc. is primarily an educational and service organization, and that it does not control or supervise the day-to-day activities of my chapter or any collegiate student associated with my chapter.

I HEREBY RELEASE AND DISCHARGE ALPHA SIGMA PHI FRATERNITY, INC. FROM ANY AND ALL CLAIMS, WHETHER PRESENT OR IN THE FUTURE, INCLUDING ANY PERSONAL INJURY CLAIMS, THAT MAY IN ANY WAY ARISE OUT OF MY ASSOCIATION WITH IT OR MY CHAPTER.

Signature _____ Date _____/_____/_____